

An extensive look at a changing field

Stories on the Freeman-Oak Hill merger, rural and home health care, legislation pending in the state, plus 9 guest columns

A CLOSER LOOK

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THE CHART

VOL. 54, NO. 19

MISSOURI SOUTHERN STATE COLLEGE, JOPLIN, MO. 64801-1595

THURSDAY, MARCH 31, 1994

ACADEMIC VICE PRESIDENT

College finds new VP in North Carolina

Decision comes down to Bitterbaum vs. Peer

By JOHN HACKER

SENIOR EDITOR

Dr. Erik Bitterbaum, vice president for academic affairs at Methodist College in Fayetteville, N.C., has been tagged as Missouri Southern's new vice president for academic affairs.

Bitterbaum was approved by the Board of Regents at its meeting Friday after a five-month national search. He will take over the position July 1 at a salary of \$83,000.

College President Julio Leon told the Board that Bitterbaum was high on the lists of most of the 30 people who interviewed the six finalists.

"I visited with the groups that interviewed the finalists and spent 30-45 minutes talking with each individual in those groups," Leon said. "They gave me their opinions in terms of their own interests and the interests of the College."

Leon said these discussions led to a final decision between Bitterbaum and Dr. Gary Peer, vice president for academic affairs at Adams State University in Alamosa, Colo.

"Each of these people brings a different perspective to the job," Leon said. "Peer had extensive experience at a public institution while Bitterbaum has experience in the private sector. Both were outstanding candidates, and almost everyone had placed them No. 1 or No. 2 on their list."

Anita Singleton, president of

the Faculty Senate, told the Regents she thought Bitterbaum was a good selection.

"He was my No. 1 choice," Singleton said. "I found his international focus to be very strong."

Singleton said she was impressed by how well prepared Bitterbaum seemed for the interview.

"He gave us a formula of things he felt were important," she said. "He seemed to be innovative—he had good ideas, yet he would listen to other ideas."

Stacy Schoen, student regent, said she felt comfortable with the decision.

"I found him to be very personable and very outgoing," Schoen said. "He seemed to be very interested in the students. He asked us what we thought about the College."

Schoen said she and Student Senate President Cami Davy spoke with Bitterbaum when he was on campus March 7.

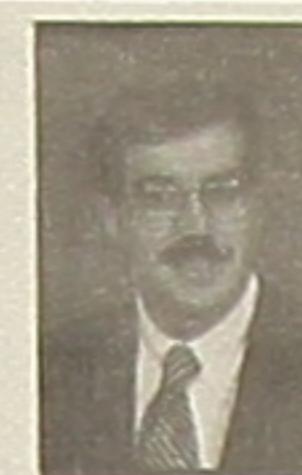
"He seemed very interested in what Cami and I thought about the College," Schoen said. "He thought it was vital that students have input on the committees."

Bitterbaum said he was "deeply honored" by the decision.

"I'm looking forward to coming back to Missouri Southern," he said. "I was very impressed with the people I met when I

—Please turn to BITTERBAUM, page 2A

THE BITTERBAUM FILE



Name:	Dr. Erik J. Bitterbaum
Age:	40
Currently:	Vice President for Academic Affairs Methodist College, Fayetteville, N.C.
Previously:	Associate Provost, Nebraska Wesleyan University
Education:	1971, Kalani High School, Honolulu, Hawaii 1975, B.A. in Biology, Occidental College 1976, M.A. in Biology, Occidental College 1986, Ph.D. in Zoology, University of Florida
Honors and Activities:	Doctoral dissertation research done in Florida, Texas, Mexico, and Trinidad-Tobago, West Indies Short-term Visitor Fellow, Smithsonian Institute, 1980 Manuscript reviewer for ornithological journals
Languages:	Spanish and German with translating knowledge
Family:	Wife, Ellen, is an audiologist; son, David, 6; daughter, Anna, 3
Hobbies:	Writing poetry and ornithology (bird watching)
Quotable:	"Science allows me to explore my exterior landscape. Poetry allows me to explore my interior landscape."

Graphic: Chris Lassiter

HANCOCK II AMENDMENT

Southern tuition could double

If measure triggers refund, College could lose \$4.9 million from annual appropriations

By KAYLEA HUTSON

EDITOR-IN-CHIEF

Reports are grim concerning Hancock II and its potential effects on higher education in Missouri.

Hancock II is a proposal officially named after the author, U.S. Rep. Mel Hancock (R-Mo.). It is aimed at tightening the original 1980 Hancock amendment that sets state government tax and spending limits. Hancock II would require most state tax and fee hikes to be approved by voters.

Currently, supporters are working to obtain 120,689 petition signatures by July 8 to place the amendment on the November ballot.

During Friday's Board of Regents meeting, College President Julio Leon reported that there were many estimates concerning Hancock II.

"The estimates range from \$600 million to about \$1 billion the state would have to refund if the amendment passes," Leon said. "Of course, if there were to be any kind of a refund of this magnitude, obviously higher education would suffer the effects and so would Missouri Southern."

Leon said he has discussed the situation with "credible sources" and has become concerned about the situation.

"It is conceivable the state would have to refund in fiscal year 1995-96 to the taxpayers

\$1.2 billion," he said. "If one takes higher education's share of the state's budget—if all of the state agencies simply apportioned a share of the \$1.2 billion to be returned—then higher education's share would be \$206 million."

Leon said the \$206 million is equal to the combined allocations of Southern, Southwest Missouri State University, Northwest Missouri State University, Southeast Missouri State University, Missouri Western State College, and Northeast Missouri State University.

"In other words, it is a large sum of money," he said. "If one takes Missouri Southern's share of the higher education appropriation out of that \$206 million, then Southern would be cut approximately \$4.8 million to \$4.9 million out of a budget of \$13 million."

"You can imagine the devastating effect that it would have if that were to happen."

Leon said the budget cuts could mean a tuition increase of 50 to 60 percent to make up missing appropriations.

"Either we do that or we do the opposite," he said. "The opposite is to cut back \$4.9 million, which means we eliminate a couple of schools in the College and lose jobs."

"In any event, obviously the measure would have to be drastic if the institution is going to stay in business."

Regent Cynthia Schwab also raised some concerns about Hancock II.

"If the tuition was to be raised or if we cut out schools, we cut out the number of students," she said. "We really can't serve the people who really need and want the services of the College."

Leon said the amendment is in

Hancock responds to criticism

By KAYLEA HUTSON

EDITOR-IN-CHIEF

While college and university officials are trying to assess the potential impact of the Hancock II amendment if approved by Missouri voters, the sponsor says it will not adversely affect higher education.

"I question if there has to be a refund," said U.S. Rep. Mel Hancock (R-Mo.). "It isn't true unless they admit they are in violation of the original [amendment]."

"It does not reduce the amount of money available to higher education. When they say that it will affect the budget for higher education, it will only do so if the state legislature decides to do that."

Hancock calls all of the refunding estimates, some as high as \$1.2 billion, as "conjecture."

"I do know if refunding becomes necessary, then it is proof-positive they are in violation of the constitution," he said.

response to a growing conviction throughout the state.

"The sentiment is that government is too fat and you can't tighten the belt," he said. "That may be the case at many state agencies, but we know one thing—that is not the case here at Missouri Southern."

"If we were forced to do that, we would not be cutting fat."

Hancock said even if higher education is affected by the refund, "a little-bit increase of tuition for four years rather than a major tax for the rest of your life" would be the better choice.

He said he is spearheading the petition drive because "the state violated the constitution."

"[Hancock II] just sets up the implementation of the original Hancock amendment," he said. "It stops them from exceeding the revenues limit."

Hancock said the state can reduce funds without taking them from higher education.

"The ideal way is an overall reduction," he said. "In many places you can start right now to get rid of the money being wasted."

Hancock said he is pushing the amendment because of his Missouri residency.

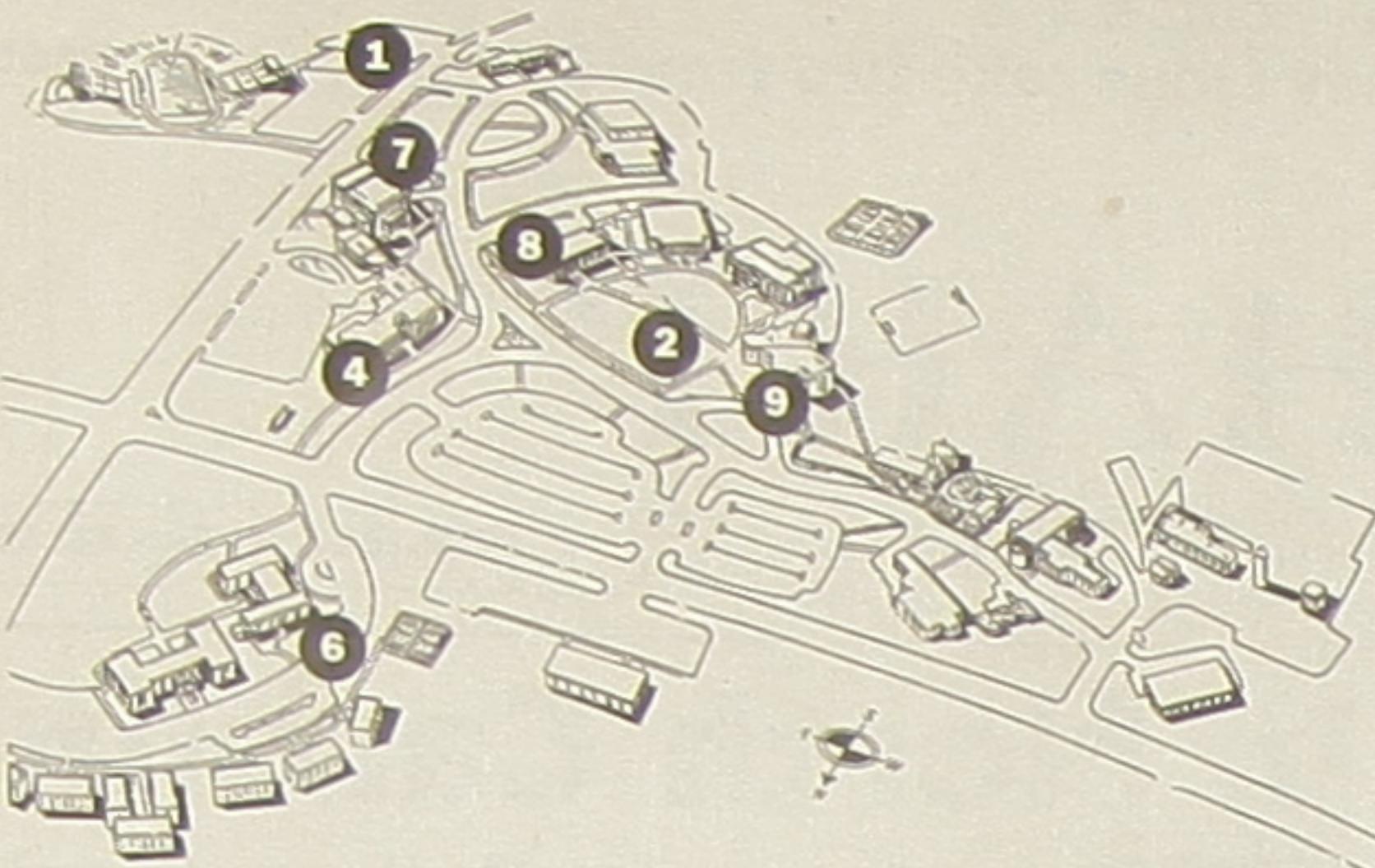
"I am as concerned about Missouri as I am in Washington, D.C.," he said. "I am doing this as a Missouri citizen. I am paying for my personal time out of my own pocket."

NIPPED IN THE BUD



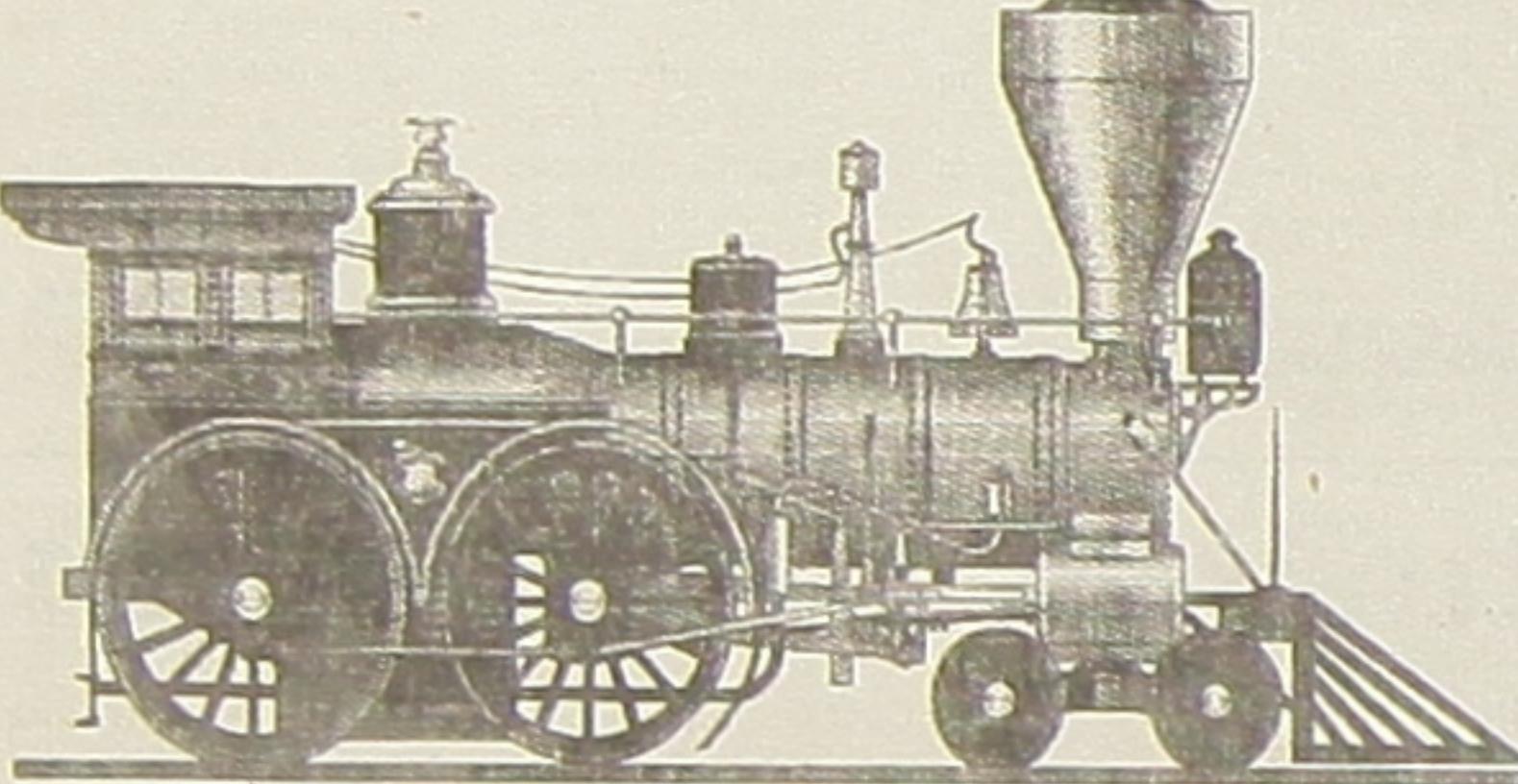
JOHN HACKER/The Chart

The White Knight sculpture by Bill R. Snow stands at attention as Mike Ebsch, maintenance engineer, checks the coolant pipes in the ceiling on the first floor of Webster Hall. Ebsch is using a new lift procured by the College to allow easier access to high places.

CAMPUS SECURITY REPORT

1	03/04/94 Lot 18	3:00 p.m.	Angela Brower reported to the Campus Security office that as she waited to enter the lot, another vehicle backing out of the lot struck the front end of her vehicle and drove away unidentified.
2	03/06/94 Campus Oval	12:35 a.m.	Campus Security found two concrete benches toppled over. One bench was damaged.
3	03/10/94 Campus	9:00 a.m.	Terri Braker reported that the telephone antenna from her vehicle had been stolen. The antenna was valued at \$24.
4	03/21/94 Webster Hall	2:15 a.m.	During a patrol, Campus Security noticed the possible vandalism of a fire alarm. Three screws in the alarm's face plate were missing.
5	03/23/94 Campus	4:00 p.m.	Security was contacted by Telisha Nichols, who reported a 'strange' man on campus. The man supposedly joined a tour she was giving of the campus and claimed to be a body builder and asked peculiar questions—he said he wanted to start a body-building class.
6	03/25/94 Lot 23	3:20 a.m.	Campus Security pursued a speeding vehicle; the subject did not slow down and left the campus. He later returned, apparently intoxicated, refused to talk to the officer, and sent a friend to speak to him.
7	03/25/94 Lot 14	11:30 a.m.	Matthew Cook's vehicle was stopped, and Andrew Phillips ran into the back end of Cook's vehicle.
8	03/25/94 Lot 5	1:30 p.m.	Brandon Brown reported that he was in the parking lot and his clutch slipped, causing him to strike another vehicle.
9	03/25/94 BSC	3:30 p.m.	A fire alarm was reported, but upon arrival Campus Security found no indications of a fire and determined it to be a false alarm.

SOURCE: Campus Security Office



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STUDENT SENATE

Hancock II worries senators

Clubs funded for Jackson Days, on-campus Advertising Expo

By PAULA SMITH

CAMPUS EDITOR

Concern over the passage of the Hancock II amendment was voiced during a 30-minute Student Senate meeting last night.

Stacy Schoen, sophomore senator and student regent, said College President Julio Leon expressed his concern over the amendment during Friday's Board of Regents meeting.

"He said he has heard from reliable sources that if the amendment passed, money will be taken away from public institutions," Schoen said.

She added that Leon said about 25 percent of Missouri Southern's funding could be cut.

In other business, the Senate allocated \$207.98 to the Young Democrats and \$200 to Southern Concepts.

Five members of the Young Democrats will attend the annual Jackson Days celebration April 8-10 in Springfield.

"We will have the opportunity to meet candidates for political office," said Dorecia Meares, senior English major and presi-

dent of the club.

Meares said the club will set up a booth at the convention to hand out information and sell Democratic memorabilia.

First and second readings were held for the allocation

Senate executive officers will be held May 2-3. A primary election will be held April 28 if necessary. Petitions will be available April 18 in the student services offices in the second floor of the Billingsly Student Center and must be returned to the student services office by 5 p.m. Friday, April 22.

During last week's meeting,

66 He [Dr. Julio Leon] said he has heard from reliable sources that if the [Hancock II] amendment passed, money will be taken away from public institutions.

— Stacy Schoen

request of the Southern Concepts advertising club. The Senate allocated \$200 to help with costs for its Advertising Expo April 28 at Missouri Southern.

Jennifer Kuncl, junior senator, said plans are underway for a "kiss a pig" contest as part of Spring Fling activities. Scott Hettinger, junior senator, said the Senate also plans to sponsor a dunking booth during the event.

Paul Hendrickson, Senate vice president, said elections for

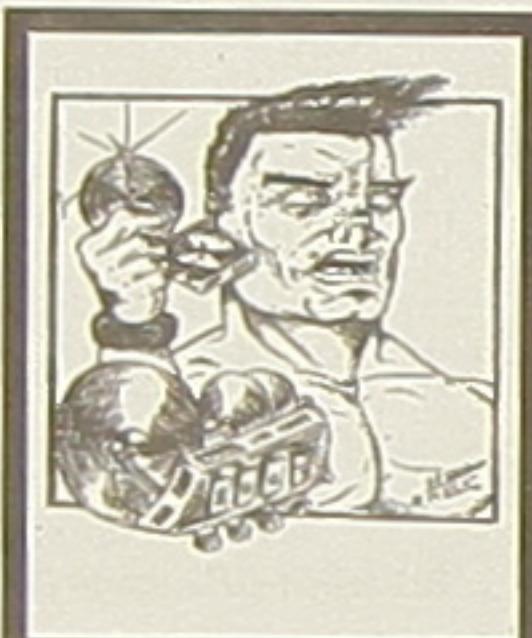
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GRADUATION

College splits event in twoBy KAYLEA HUTSON
EDITOR-IN-CHIEF

For the second year in a row, graduating seniors will attend two separate commencement ceremonies.

The ceremonies are scheduled for 9:30 a.m. and noon on Saturday, May 21.

Last year the graduation ceremony was moved into Taylor Auditorium due to inclement weather. Because of the large graduating class, the ceremony was divided into sections, each section with two schools.

"It was suggested that we do it again on account of how successful last year's ceremony was," said College President Julio Leon. "By doing it in advance, this way we won't have to worry about whether it's going to be inside or outside, and people will be able to make plans."

This year, graduates from the school of business and school of education will attend the 9:30 a.m. ceremony. Graduates from the school of arts and sciences,

the school of technology, and those receiving associate degrees will attend the noon commencement.

By announcing the commencement schedule now, College officials will not have to plan for both an indoor and outdoor ceremony with the weather being the deciding factor.

"The problem with having it in the stadium is that it frequently rains, and we have to move it inside," said Dr. Ray Malzahn, interim vice president for academic affairs. "Once you tell people it will be in the stadium, you have to find a way to let people know the plans have changed."

Another concern about the stadium ceremony also centers on the weather.

"If it happens to be a sunny day, then both the public and the graduates are in the sun for most of the ceremony," Leon said. "It gets very hot for the graduates and faculty who are in the academic gowns."

Malzahn said another problem with the stadium ceremony is the lack of handicapped accessibility.

When the ceremony is in Hughes Stadium, the disabled are assigned seats which places them away from their families.

"The auditorium is accessible for the people who are disabled," Malzahn said. "This way we have a lot more control over the ceremony."

Malzahn said there will be two indoor ceremonies because of the seating in Taylor Auditorium. It can seat about 2,080 people, compared to 5,000 in the stadium.

"The primary advantage of having it in the stadium is that there is unlimited seating," Malzahn said. "Right now the estimate is that each graduate will get four tickets, with extra available if some turn in the ones they don't need."

Leon also said the setup would ensure balanced seating.

"We want to make sure that every graduate has an equal opportunity to have relatives in there," he said. "We will have extra seating available in Webster auditorium and the Young Gymnasium for the overflow."

CHATTING WITH THE NEW DIRECTOR

DEBORAH SOLOMON/The Chart

James Martin (right) was introduced Saturday as the new director of the Spiva Art Center during a reception. He talks with Anne-Marie Galley, chair of Spiva's education committee, and Sam Lewis.

ENGLISH DEPARTMENT**Kumbier wins grant for summer studying**

By JENNIFER CAMPBELL

STAFF WRITER

The National Endowment for the Humanities has awarded Dr. Bill Kumbier, assistant professor of English, a \$3,000 study grant in the field of Romanticism and animation.

"The grant gives teachers a break," Kumbier said. "It allows me to work on projects and still have money to live on."

Kumbier was awarded the grant last month after applying for it in August. He wrote an essay about his work and the project he wanted to complete. He is the only instructor in Missouri to receive an NEH study grant this year.

"The grant itself is only about three years old," said Julie Hickey, program specialist for study grants at NEH. "He was awarded the grant because he [and his essay] was rated most excellent."

Because the money is given as income, Kumbier is not allowed to teach while he is receiving the grant funds.

"I plan to work on this project

for six weeks," he said. "The grant is not awarded as a prize, but to make up for the missing summer money."

Kumbier will study the literary theme of animation.

"I am researching animation, which is not cartoons," he said. "I will be studying stories where things that shouldn't be living come to life. I plan on studying Mary Shelley's Frankenstein, some operas, and German writer Eta Hoffman, whose stories are full of things like living puppets and dolls."

Kumbier hopes to get to travel this summer with the extra time he has.

"I'll be able to go somewhere where there is a bigger library," he said.

Ninety-nine out of 550 applicants received NEH grants.

"We tend to try to give the grant to teachers who have a heavier teaching load," Hickey said.

"We teach quite a bit more compared to other professors, so it is hard to find time [to read the books]," Kumbier said. "This will allow me to take time and catch up on my reading."

PHON-A-THON**Event exceeds \$200,000 for first time**

By KAYLEA HUTSON

EDITOR-IN-CHIEF

The annual Phon-A-Thon made history this month when it topped the \$200,000 mark.

When the Missouri Southern Foundation's fund-raising drive

ended Feb. 17, it had reached \$187,477, surpassing the \$175,000 goal. Additional gifts later raised the total to \$192,477.

Then on March 3, an anonymous donation of \$10,000 was made by a Carthage businessman, placing the Phon-A-Thon over \$200,000 for the first time.

Sue Billingsly, Foundation director, said this year's success can be attributed to the economy.

"People felt more secure in giving gifts," Billingsly said. "The economy seemed more prosperous than in past years. Many alumni and friends of Missouri Southern were very generous

with pledges this year."

Prior to this year, the record was \$196,182 in 1991. While the fund-raising goal has stayed at \$175,000 for four years, Billingsly said raising the goal to \$200,000 for the 1995 drive will not be considered until the September foundation board meeting.

EDUCATION DEPARTMENT**Removal of stipulation pleases Merryman**

Faculty satisfies accreditation agency's overloading complaint; minority recruiter helps other problem

By P.J. GRAHAM

MANAGING EDITOR

Though only two words, the erasure of the "with stipulation" statement from Missouri Southern's accreditation means much to Dr. Edward Merryman, dean of the school of education and psychology.

"Having the stipulation removed puts our program in a very esteemed light," Merryman said. He said several larger institutions, such as Southwest Missouri State University, were found to have

problems passing NCATE mandates. "So, for a small college like ours, we have done exceptionally well."

The National Council of Accreditation for Teacher Education, NCATE, inspected the College's education program in October 1991 and reaccredited it with the stipulation that the department adjust two items by March 1994.

The council found two basic problems: the education faculty taught too many hours per semester and advised too many students per faculty member. NCATE regulations state that

each instructor should teach no more than 12 credit hours per semester and advise no more than 18 students. At Southern, many faculty members taught more than 12 hours, and some advised 23 students.

"We had faculty members teaching up to 18 hours a semester," Merryman said. "We simply had to hire some part-time people to teach some of our night classes. The flip side of this is we cannot find qualified people in this area to teach specialized courses at night."

Consequently, some of the specialized night courses were cut—though the same courses are still offered during the day.

"This has absolutely no negative effect on our students

whatsoever," Merryman said.

The dean said the education faculty are to be commended for meeting NCATE standards.

"The education faculty met and voted to meet the stipulation even though it meant a loss of pay for them," he said, "which speaks very highly about these people. The faculty has always been concerned with controlling their own destiny; we didn't want to be told to drop NCATE."

Another concern raised in the 1991 inspection was the low minority population in the department. Merryman said NCATE no longer worried about that issue because the department has hired a minority faculty member and the College now has a minority recruiter.

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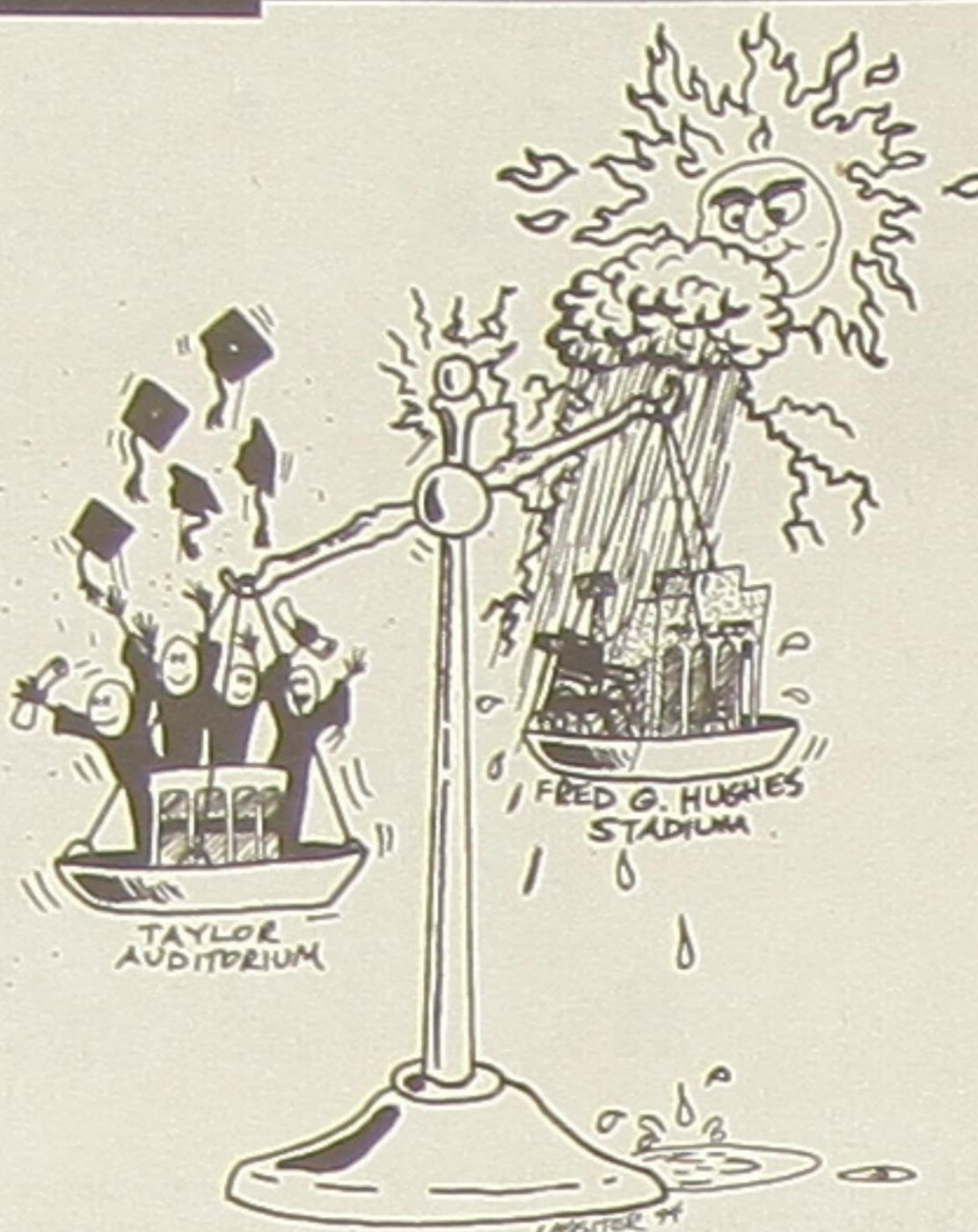
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LASSITER'S SLANT



OUR EDITORIALS

Unsigned editorials on this page express the opinions of The Chart staff. Observations elsewhere on the page represent independent viewpoints of columnists, cartoonists, and readers.

No way out: Without a larger facility, two commencements only option

What's a college to do?

Splitting the annual commencement ceremony in two is hardly an ideal situation, but given the propensity for inclement weather and the lack of a large-enough building to house the event, Missouri Southern officials had little choice.

There are many negatives to the split. The guest speaker has to deliver two addresses, students may not get to see friends outside of their own school obtain their coveted diploma. College personnel have to go through the whole commencement rigmarole twice in the same day, and each graduate can invite only four family members to share in his or her moment of glory.

But the positives exist, too.

Taylor Auditorium is more handicapped-accessible, spring-time rainstorms are of little concern, and fac-

ulty and graduates won't swelter under black academic regalia in the hot sun.

Despite grumblings from the graduates and their families, College officials deemed last year's ceremony, which was identical to the one planned for this year, a success. Maybe so, but splitting the ceremony and severely limiting the number of family members allowed through the door is still unpalatable.

Commencement is just one more reason College officials need to get behind a renewed push for the multipurpose arena. With more than 9,000 seats, no one would get left out, and the College could return to just one ceremony.

But only if and when the arena is built will the commencement quandary find a perfect solution. Until then, we will just have to make do.

Outstanding: Phon-A-Thon's success is a testament to good will

Phon-A-Thon has hit an all-time high.

Strangely enough, the \$10,000 that put the Phon-A-Thon over the \$200,000 was donated more than two weeks after the event ended by a Carthage man who does not want to be identified.

To that anonymous man, all the Phon-A-Thon contributors, and those who helped with the event, here's a non-anonymous "thank-you" for all your efforts and generosity.

Hooray for our side.

Blame it on the economy's recovery or just plain old-fashioned kindness of heart, but the annual Phon-A-Thon's record-setting \$200,000 effort is outstanding.

It seems that good news never travels fast enough, but this is some that definitely is worth smiling about. With so many groups putting their hands out for money these days, it is a testament to the alumni and friends of the College that the

YOUR LETTERS

The Chart welcomes letters from readers. Letters must be signed and should include a phone number for verification purposes. Letters should be 300 words or fewer. Submit letters to The Chart office on the third floor of Webster Hall or fax them to (417) 625-9742 by noon Monday for publication in that week's edition.

African-American history goes deeper than MLK

Now that African-American Heritage Month has culminated, it's time to recall what we learned about African Americans and their contributions to our society.

However, I foresee a problem. Unless you are an individual with a genuine quest for knowledge (outside what you are graded on and find in the college curriculum), you may have let the month go by without any recognition of great African American inventors, leaders, educators, innovators, doctors, poets, psychologists, sociologists, speakers, writers, visionaries, novelists, and many other "ists."

African-American history goes much deeper than the civil rights movement, Rosa Parks, Dr. Martin L. King, and Malcolm X.

There wasn't much opportunity for cultural enrichment at MSSC or Joplin for that matter. However, sometimes we need to take responsibility to educate ourselves about people like Benjamin T. Montgomery,

who invented the boat propeller; G.T. Sampson, who invented the clothes dryer; John S. Rock, the first African American to practice before the Supreme Court in 1865; John Lee, the first African American naval officer; Louis Latimer, who further developed Thomas Edison's light bulb discovery and allowed for prolonged usage of light.

Madame C.J. Walker, who became a millionaire with the invention and marketing of African American hair-care products; Elijah McCoy, who invented the automatic lubricating cup and for whom the expression "the Real McCoy" was coined.

Pope Victor, the first African pope of the Catholic Church; James Derham, a former slave who became the first African American doctor in America; W.B. Purvis, who invented the electric railway switch; Toussaint L'Ouverture, who led a Haitian revolt in 1791; Garret Morgan, who invented the automatic traffic light in 1923; and John King, who invented a burglar alarm

based on sound and not vibrations.

This is only a fraction of the "American" history that was omitted from textbooks, and it doesn't begin to scratch the surface. I haven't addressed preslavery times. According to history books, African Americans were not present before slavery began, which is the furthest from the truth.

The great kings and queens of Africa are rarely given their due recognition. I wish I had the time and the space to devote to that period of time, but hopefully your interest has been sparked enough that you will take it upon yourself to reeducate yourself.

If you have the desire to gain a multicultural account of history, take the initiative to educate yourself as well as those around you.

After all, the knowledge is free; all you have to supply is the container.

Tammara L. Durham
Admissions counselor

"I believe in luck: how else can you explain the success of those you dislike?"

—Jean Cocteau

EDITOR'S COLUMN

Follow the leader

Roles change as the 21st century nears

Over the weekend I had the opportunity to observe the best of the best during the Omicron Delta Kappa national conference in Lexington, Ky.

ODK is a national leadership honor society with more than 220 circles representing colleges and universities from across the United States.

Students convened to learn more about what it takes to be an effective leader on the nation's campuses.

So what does it take to be a leader? During the leadership panel, five speakers talked about the qualities:

- Set your values early in life, then base your life around them.
- Never compromise your integrity and honesty.

• Improve your communication skills.

• Know several foreign languages. Perhaps one of my favorite speakers was Bill Curry, head football coach at the University of Kentucky. Curry told of his early football days and how leaders need to be willing to see the whole picture.

"Don't listen to garbage," he said. "You have the responsibility to be the person God has led you to be."

Olav F. Knudsen, director of the Norwegian Institute of International Affairs in Oslo, Norway, traveled to Kentucky to relate some of the many changes leaders will face in the international world. Knudsen, in a polite



By Kaylea Hutson
Editor-in-Chief

way, told students that Americans are viewed negatively in foreign countries as ambitious and aggressive leaders.

Other speakers said the same thing. Americans are not viewed well internationally because people see them as only out for themselves, where the international community is concerned

with family and the community as a whole.

Being a leader takes hard work, ambition, drive, and initiative. It also takes

setting and achieving goals.

It was invigorating to see people setting their goals to move into the international marketplace. One graduating senior from Maryland is applying for any program he can find to work and study in Japan for a year even though he doesn't know any Japanese.

After that he wants to study in England, and then return to the States with the eventual goal of becoming an ambassador. I have no doubts he will achieve this because he has set his goals and is working to achieve them.

The underlining message I left Kentucky with was that the role of leaders is changing as we near the 21st century.

As leaders we are going to need to be able to work within a global society and learn that things we perceive as values may not be perceived the same way in other countries.

We are going to need to be flexible and accept changes. So that in the end, the leadership will transcend international and language barriers.

IN PERSPECTIVE

No more status quo

Health-care system needs careful revision

Our health care is the best in the world. We have the best-educated physicians, widespread availability of superior technology, and the finest hospitals. National polls continue to affirm that many Americans are satisfied with their physicians and the services they receive, yet our health-care system faces critical problems. Yes, let's try to make our system better.

Our health-care system needs to be changed; the status quo is no longer acceptable. Better methods must be developed to control rising cost. Millions of Americans have no health insurance coverage. Millions of others face the problem of staying in a job simply because it offers decent health insurance. Others face financial ruin because of devastating health-care expenses.

These problems should be solved. As a physician, I am pleased that the President and the Congress are making a national effort in 1994 to advance health-system reform. The physicians of the medical community call upon our nation's elected leaders to find common ground that assures all Americans:

• Health-care coverage that is always with you, regardless of employment, economic status, or health condition.

• Medical decision making by patients



By Donald Patterson, M.D.
Joplin Physician

BACKGROUND: Patterson was the College's director of student health from 1980-1992.

the patient's right to choose his or her physician or health-insurance plan.

• Create a more competitive health-care marketplace by empowering patients with price information, financial incentives to make economical health-care decisions, and the freedom to choose the method of provider payment in their insurance coverage.

• Establish a level playing field where all competitors play by the same rules—insured and self-insured alike. We need to reestablish the principle that insurance should spread the risk, not avoid it. It is time to eliminate the competitive pressure to refuse to cover existing medical conditions.

• Reform the professional liability system.

These essential reform initiatives build upon—rather than relinquish—the strengths of our nation's health-care system. These initiatives also recognize that neither pure competition nor over regulation benefit patients.

THE CHART

Regional Pacemaker Award (1982, 1986, 1988, 1989, 1990, 1991, 1992)

Member: Missouri College Media Association

The Chart, the official newspaper of Missouri Southern State College, is published weekly, except during holidays and examination periods, from August through May, by students in communications as a laboratory experience. Views expressed do not necessarily represent the opinions of the administration, faculty, or the student body.

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MOLLY IVINS

Bashing normal for most officials

The assassination of Donaldo Colosio is a tragedy on several levels. Obviously, there's never a good time for a thing like that to happen, but the timing was especially wretched for a country already in the throes of a wrenching, but still hopeful, political upheaval.

Ivins

On Thursday, the great Mexican writer Octavio Paz said: "Verbal violence and ideological violence of the kind that has been written and spoken since January (the Chiapas rebellion) are the antecedents of physical violence. That's exactly what we saw with the death of Colosio."

A very wise book says, "In the beginning was the Word." Children chant on the playground, "Sticks and stones may break my bones, but words can never hurt me." Oh, yes, they can. They seem to resonate particularly with dim-witted souls like the self-proclaimed pacifist who shot Colosio. Real pacifists don't kill people.

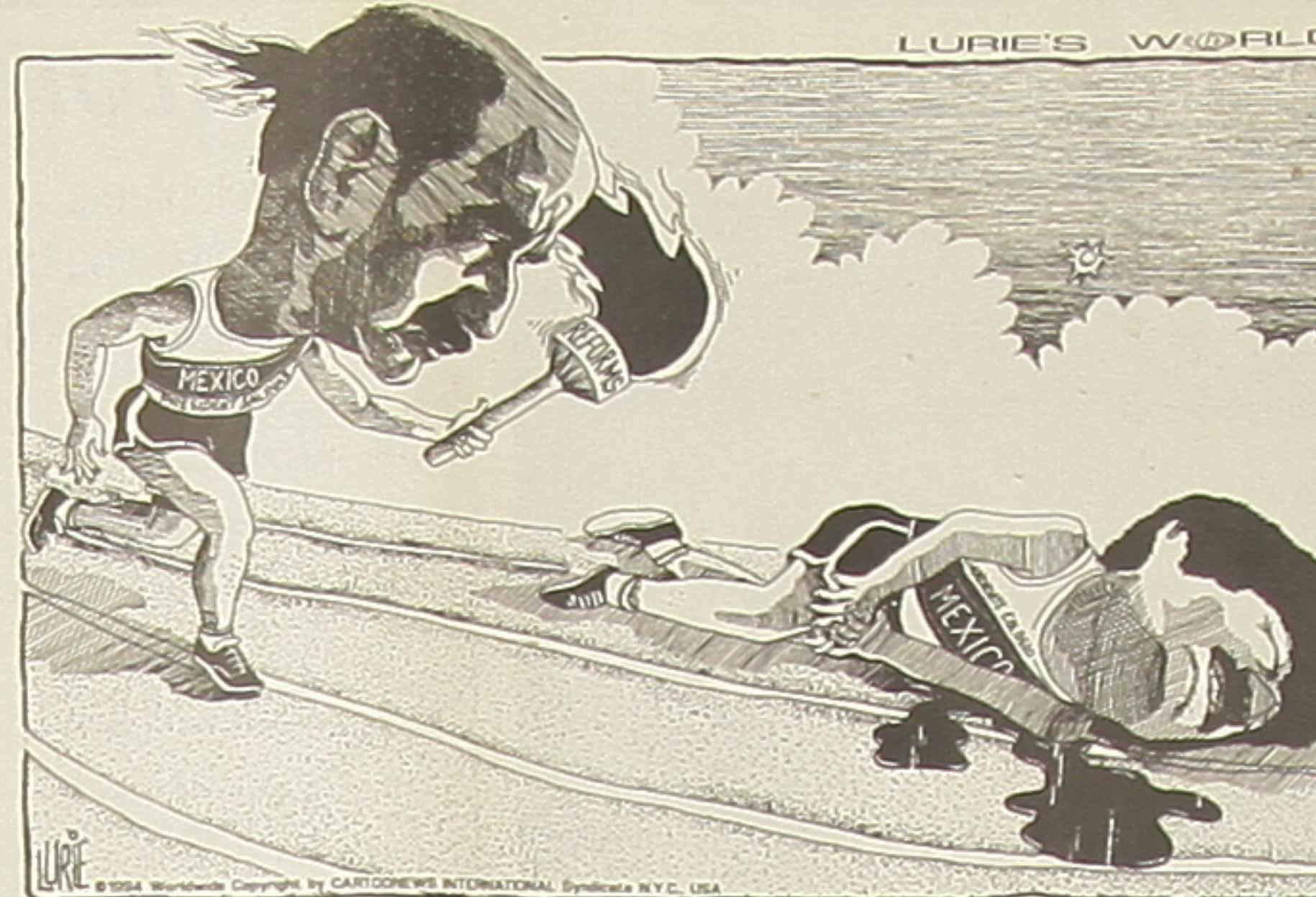
I was thinking about words as I read an op-ed column in *The Wall Street Journal* on Friday. One of the *Journal's* pernicious stable of excited conservatives

devoted a couple of thousand words to trashing President Clinton. After quoting Clinton on the subject of his wife's character, the writer opined: "These are not the words of Louis XVI, Juan Peron or Nicolae Ceausescu, but of the president of the United States defending his overbearing wife...the first lady in a virtual co-presidency in which she stalks about the country giving speeches, appearing before Congress..." Etc.

Just what Hillary Rodham Clinton has done to merit comparison with Marie Antoinette, Eva Peron or Elena Ceausescu is a little beyond me, despite my careful perusal of the WSJ. For some reason, I had the impression that she was trying to make the health-care system work better.

The all-time winner of the Most Trashed President Contest is still Abraham Lincoln, who took an ungodly amount of punishment. But then, feelings do tend to run strong during civil wars. FDR got biffed about a good bit, and personally, I always thought that "MacByrd," the popular play of the 1960s that had Lyndon Johnson masturbating over John Kennedy's coffin, was in fairly poor taste.

The current diagnosis of the WSJ crowd is that the Clintons are "whining" about unfair



While trying to pass the torch

treatment by the media and that this is a cowardly and disgraceful tactic to divert attention from their evil deeds; no one is sure what they are, but they're bound to be back there somewhere. However, I think we are looking at rather a new departure in the old and semi-honorable sport of president-bashing. Set aside the daily three-hour screeds by the likes of Rush Limbaugh and look at this curious new phenomenon of people attacking Clinton for profit door-to-door, as it were.

One popular guest on right-wing radio talk shows is Lynn Davis, the Little Rock attorney who is coordinating the media campaign for the two former Arkansas state troopers who are

guilty of insurance fraud but expect us all to believe their weird tales about Clinton's private life. Davis not only repeats all the weirdness being retailed by these two blatantly unreliable sources but also pitches for contributions. Now, we already know that the former state troopers are selling their story to a publisher and presumably would like a movie deal as well. This does not give them considerable financial incentive to make their stories as zippy as possible.

This could be the beginning of a promising new industry in this country. We have ever been a resourceful and inventive people, and surely many will follow this profitable trail. Say you are

the mechanic who used to fix Clinton's car back in Arkansas. All you have to do is call a news conference and announce, "Bill Clinton sucks eggs, runs on all fours, molests small children and has the brain of an adolescent pissant." You can then go on the right-wing radio talk shows and, for a mere \$19.95, sell a videotape of yourself saying this.

There may be a downside to it, though. If Octavio Paz is right and verbal violence and ideological violence are the antecedents of physical violence, you know that some smart lawyer is going to file a tort suit over it sooner or later.

Molly Ivins is a columnist for the Fort Worth Star-Telegram.

CAREERS

Books help graduates find work

By JOYCE LAIN KENNEDY

SUN FEATURES, INC.

Dear Joyce: I'm about to graduate, and other than seeing what my college's placement center has to offer, what do you suggest? S.W.

Two books—one new, one revised—are graduation gifts to buy yourself.

Master researcher David Lauber's "Professional's Private Sector Job Finder" is a new 250-page blockbuster of job hunting resources, including computerized job and resume databases, on-line computer job services, job hot lines, specialty and trade periodicals with job ads, directories and salary surveys. At bookstores, or from the publisher at (800) 829-5220; \$23 by mail.

Job expert Martin Yate's bejeweled-with-praise "Knock 'Em Dead—The Ultimate Job Seeker's Guide" is out in the 1994 edition. Yate tells how to handle yourself in a myriad of job hunting situations. Witty, authoritative and widely available in stores.

Beyond tips for right now, let's look ahead at job prospects for future college graduates. One curriculum aspect widely overlooked until now is the choice of a minor. It can be more important than I, for one, used to think.

In North Easton, Mass., Stonehill College's Crag Higgins regularly tracks the professional progress of hundreds of health-care majors and minors who have graduated from Stonehill since the 1970s. Higgins, who chairs the department of health care administration, has found that a minor in health care studies is a shot in the arm for hands-on learning opportunities during college—which, in turn, considerably perks up a college graduate's job outlook.

Higgins says there are more diverse options for combining a variety of undergraduate majors with health care minors:

"Accounting majors find internships performing audits or helping reimbursement specialists. Communication majors get summer jobs in hospital information offices or as interns in a hospital public relations department. Marketing majors and human resources majors often land related internships in the health field."

In Cincinnati, Ohio, Robert Ludke, director of hospital health administration at Xavier University, says most employers he meets seek applicants with a diverse educational background. "We're actively tracking new jobs emerging in consulting, clinical administration and within the insurance industry," says Ludke.

SOUTH AFRICA

New events dilute apartheid

Mandela campaigns after popular revolt kicks out president

THE ECONOMIST

The voice of Nelson Mandela echoed around the huge stadium in Bophuthatswana.

"The people have risen and tyrants have fallen," the African National Congress leader told a wildly cheering crowd.

Only days before, the ANC, along with other political parties, had been banned from campaigning in this supposedly independent "homeland." Then a popular revolt in the streets of the capital, Mmabatho, and the neighboring town of Mafikeng brought down Lucas Mangope, Bophuthatswana's first and only president. On March 12, Mangope was formally removed from office and the South African government took over. Another piece of the apartheid scaffolding was gone.

Mangope had repeatedly turned down requests from the ANC to hold a rally at the huge "independence stadium", claiming that the mere presence of ANC leaders would provoke "his

Tswana people" to violence. In fact, when Mandela arrived in triumph this week, 50,000 people braved the searing heat to welcome him.

Mangope's fall—and the way it happened—has dealt a severe blow to the right-wing Freedom Alliance, of which his govern-

ment was a founding member. Last year Ciskei, another of the homelands, buckled and broke with the Alliance. Its military leader, Oupa Gqozo, had refused to recognize South Africa's transitional executive, and had threatened to boycott the first all-race election. Then, faced with growing restlessness

—Please turn to SOUTH AFRICA, page 6A

accidentally left the lights on and the doors unlocked, giving shoppers the impression it was open.

In October, in Iran, where celebratory gunfire is traditional at weddings, a guest named Rasool lost control of his automatic weapon at a wedding in Lorestan province, accidentally killing six people and wounding 14. In Champion, Ohio, in January, Rev. Thomas Gillum, presiding at the burial of a Korean War veteran, was accidentally shot in the face when the local VFW honor guard fired a four-gun salute.

The international food company Nestle UK was fined about \$20,000 in January for injuries suffered by its employee Alex Tuvey-Smith, 36, at a plant in York, England. While cleaning excess chocolate off the sides of a giant mixing bowl, he slipped and fell in, triggering the mixing paddles, which whipped him for more than a minute before they were shut off.

within his civil service, police and army, he gave in, agreeing both to take part in the election and to let political parties campaign freely in Ciskei.

The question now is whether Mangosuthu Buthelezi, prime minister of the KwaZulu homeland, will suffer the same fate. Mandela alluded to KwaZulu at this week's rally: "The lesson will not be lost on the people living under toy tyrants," he said. But the result, he hinted, need not be the same. He intended, he said, to offer everybody a "silver bridge" across which they could retreat, and proposed a meeting with the Zulu king, Goodwill Zwelithini.

Buthelezi was not impressed. Mangope's overthrow, he said, was illegal and showed, he said, that President F.W. de Klerk could not be trusted; KwaZulu would be "no pushover". He was quick to assure KwaZulu's bureaucrats that their jobs and pensions would be guaranteed under the new constitution. Disloyalty is not encouraged: anonymous pamphlets were recently circulated identifying civil servants who were ANC

The Information Line

Job Tips From the Professionals

Negotiating is like a poker game, you don't know what cards the other person has until they are placed on the table face up. Draw out of your interviewer all the information you need to determine what the company thinks you are worth. Then, present your merits so the company thinks you are worth what you think you are worth. Here are a few do's and don'ts for negotiating a job offer.

DO'S

+ Make your decision to accept or reject an offer based on logic versus emotions.

+ Find out how much seniority plays in the company's advancement opportunities.

+ Have realistic salary expectations. Research your industry and appraise your worth in today's market.

+ Make a decision about a job offer in a timely manner. Some offers are rescinded because of delays.

+ Be wary of too-good-to-be-true offers. They usually are.

DON'TS

- Don't think you can change something you don't like about a company after you're hired.

- Prospective employees should not give their desired salary until after receiving an offer. Say "salary open."

- Never pass up your dream job because the salary is a bit low. If you are good at what you do, you will get a raise.

- Don't accept the first job offer to come along unless it meets your career needs.

- Don't accept a position based on the personality of your interviewer or your new boss. Their charisma can hide other important areas that you need to consider.

After receiving a job offer, review the total offer, not just the dollar amount. Consider the following factors: company (size, growth, reputation, and industry), position, people, potential, philosophy, dollar offer, location, benefits, and lifestyle. Evaluate the pluses and minuses logically and see that the company is meeting most of your career needs. Most importantly, you should want the job.

For more do's and don'ts of the job search, read *Job Search Secrets* or the *JOBS NOW* series by Michael Latas. To order direct call 1-800-240-JOBS.

NEWS OF THE WEIRD

Transvestites receive two IDs—one for each personality

By CHUCK SHEPHERD

UNIVERSAL PRESS SYNDICATE

In February, the Royal Bank of Scotland announced that it would begin to issue extra check-cashing ID cards to its transvestite customers who request them—so that they might have separate cards depicting themselves dressed male and female in order to "avoid embarrassment or difficulties," according to a Bank spokesman.

OOPS!

About 15 customers had gathered their grocery items at a Safeway in Oxon Hill, Md., shortly after 10 a.m. on Christmas morning and were lined up at the checkout lanes, but no cashiers were on duty, and no one answered calls to the back of the store. Local police were called and after investigating found that the store was supposed to be closed but that the Christmas Eve crew had

accidentally left the lights on and the doors unlocked, giving shoppers the impression it was open.

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WELL-PUT

Roy Kinne, 28, an unemployed Chicago-area man who happened to be home on the December afternoon when an 8-year-old boy fell through the ice in a lake adjacent to Kinne's house, and who rescued him: "If I would have had a life, I might not have been (home)."

Professional soccer team manager Dan O'Riordan, defending his decision to levy fines against players for flatulence in the locker room: "It can get fairly oppressive when you've got 20 players in a tiny dressing room all suffering the effects of a Sunday night curry."

Tennessee state Rep. Frank Buck, commenting in January on a report on the death penalty that fixed the cost of a lethal-injection execution at \$46,000 and of a firing squad at \$7,000: "With figures like these, should we wonder why people don't trust government?"

believe I can figure out a way to shoot somebody for less than \$7,000."

Attorney Daryl Blue announced in December that he would appeal the conviction of his client Freddie Armstrong for stabbing an 81-year-old preacher to death and cutting off his head before stunned onlookers who included police officers, at a Bastrop, La., funeral home. Blue claims that Armstrong was obviously insane at the time: "A rational man does not decapitate a man's head in the presence of a police officer."

The Swedish hockey team's coach Curt Lundmark, on why he did not protest more vigorously a disallowed goal by his team in its Olympic loss to Canada in February: "Sweden's influence in international hockey is like a duck fart in Africa."

CREME DE LA WEIRD

The London newspaper *The Independent* reported in

January on the Monday Club, a group of older men who meet Mondays, Wednesdays and Saturdays at the Porchester Baths in London to be "schmeissed"—whipped while naked in a steam room by men wielding a ritual yellow wig, then immersed in ice-cold water. "Your body is like a car," said one, "and a schmeiss is like being serviced." The ritual has been practiced for more than 60 years, and advocates claim it produces deep relaxation and a longer life span.

LEAST COMPETENT POLICE

The victim of a car theft while visiting Omaha, Neb., in February, Algona, Iowa, judge Joseph Straub walked into the lobby of a local police station around 10 p.m. to file a report rather than wait for officers to come to the scene. According to the judge, he pushed the buzzer on the locked front door several times, and saw officers moving

around inside, but no one answered. Using the pay phone in the lobby, he called the station to ask that an officer open the door and take his report. Ten minutes passed before an officer opened the door. He went back inside, and 10 more minutes passed before another officer appeared. Then he left, and nothing happened for 10 more minutes. Exasperated, the judge, still in the lobby, called 911. A few minutes later, a sergeant came out, then went back in, and finally, a few minutes after that, an officer drove up to the front of the building, got out of her squad car, and took Straub's report.

LEAST DIGNIFIED DEATH

In October, a police officer in Rock Island, Ill., showing his partner how a fellow officer had accidentally shot and killed himself during a training exercise three days earlier, accidentally shot himself to death.

CAMPUS EVENTS CALENDAR

S	M	T	W	T	F	S
31	1	2	3	4	5	6

Today 31

9 a.m. to 2 p.m.—Criminal Justice Career Fair, Connor Ballroom, BSC.
11 a.m. to 1 p.m.—Koinonia lunch, basement of Stegge Hall (Apt. B).
Noon to 1 p.m.—LDSSA, BSC 311.
Noon to 1 p.m.—ECM presents "The Seder," BSC 311.
2:15 p.m. to 3 p.m.—National Broadcasting Society/Alpha Epsilon Rho, Webster Hall first floor conference room.
Prudential Insurance on campus interviewing for sales representative.
Schedule appointment by calling Career Planning and Placement at Ext. 9343.

Tomorrow 1

Good Friday
April Fools Day

Saturday 2

Lions and Lady Lions track and field, SMSU Invitational, Springfield.

Sunday 3

Easter
Daylight Savings Time
7 p.m.—Wesley Foundation presents "Sunday Nite Live," First United Methodist Church, 4th and Byers.

Monday 4

3:30 p.m. to 5 p.m.—Phi Eta Sigma, BSC 311.
4 p.m. to 5 p.m.—Greek Council, BSC 314.
4 p.m. to 7 p.m.—Sigma Nu, BSC 313.
5 p.m. to 8 p.m.—Omicron Delta Kappa, BSC 306.
7 p.m. and 9:30 p.m.—CAB movie, "Dave," BSC 2nd floor lounge.

Tuesday 5

9 a.m. to 2:30 p.m.—Foreign Language field day, BSC 3rd floor.
Noon to 1 p.m.—LDSSA, BSC 310.
Noon to 1 p.m.—Newman Club, BSC 306.

Noon to 1 p.m.—College Republicans, BSC 311.

7 p.m.—Koinonia, College Heights Christian Church.
7 p.m. and 9:30 p.m.—CAB movie, "Dave," BSC 2nd floor lounge.

9 p.m.—Kappa Alpha Order, Geology Lab, Reynolds Hall.

The Buckle on campus interviewing for management trainee. Schedule appointment by calling Career Planning and Placement at Ext. 9343.

Wednesday 6

Noon to 1 p.m.—Baptist Students, BSC 311.
2 p.m. to 4 p.m.—CAB meeting.
5:30 p.m.—Student Senate.

Attention students

Are you involved in an activity on campus that you would like to see publicized?

Let us know!
Call Paula at *The Chart*, Ext. 9311.

AMAZING ANIMAL



DEBBIE SOLOMON/The Chart

Two men dressed in a dog costume rolled a ball to entertain the audience during the Chinese Golden Dragon show March 22.

COMMUNICATIONS DEPARTMENT

Day encourages language study

Native speakers welcome at event

By PAULA SMITH

CAMPUS EDITOR

Area high school foreign language students will converge on Missouri Southern's campus Tuesday to compete in a Modern Foreign Language Field Day.

The annual event is sponsored by the communications department.

"The day's purpose is to encourage and promote the study of foreign language and to bring people together of a common interest," said Lisa Crawford, communications instructor and coordinator of the event.

The theme for the day is "Foreign Language: A Passport to Possibilities." Languages covered are German, French, Spanish, and Japanese. A variety of activities are planned, including culture bowls and a "Who Am I?" contest.

Crawford said those activities provide students an alternative to conventional contests such as grammar and listening comprehension tests.

Students who compete in the "Who Am I?" contest dress in costume and portray a person from a culture who speaks one of the languages covered by the contest.

Another activity is a conversation station where students earn money by speaking Spanish to buy items from the store at the event.

Crawford said this is the second year for the Japanese activities.

"Springfield is the only city in the area that offers Japanese," she said.

Volunteers help with grading, distributing tests, and typing certificates.

Crawford said she would like to encourage any native speakers of the languages covered at the event to help judge or observe.

"We would certainly welcome any native speakers," she said.

Activities will be held in the Billingsly Student Center and Webster Hall. The final round of the culture bowl and the awards ceremony will be held in Taylor Auditorium.

Anyone interested in helping with the event may contact Crawford at Ext. 3108.

HAMMONS PROGRAM

Mentors make difference

Student volunteers work with area youths to encourage learning

By PAULA SMITH

CAMPUS EDITOR

Mentors in the Hammons Program at Missouri Southern can make a difference in the lives of the youths they touch, says Kelly Binns, director of the program.

"One life does touch another," she said.

The program was created when John Q. Hammons, owner of the Holiday Inn in Joplin, donated money he was refunded from a motel tax that was declared invalid. The program, which began in February 1990, is for minority and disadvantaged youths nominated by Joplin-area schools.

Southern students volunteer to work with the students as role models until they graduate from high school. If the students meet admission requirements, they will be given a scholarship to Southern. Binns said she still is

accepting applications for Southern students to join the program.

"We are looking for people who will enhance and be effective with these kids," she said.

Mentors must maintain a 2.0 GPA and spend at least three hours with their student each week. They receive one hour of upper-division credit each semester they are in the program.

There are 35 youths in the program who range in ages from 11 to 13. Each student is paired with a mentor.

The most important function for a mentor is to spend time with his or her student.

The system works like the big brother/ big sister program, Binns said.

"The kids really look up to these college students," she said.

Stephanie White, junior sociology major, has been a mentor for two years. Her student is a seventh grader at North Middle School in Joplin. White said she thinks the Hammons Program meets the students' needs.

"I think it's a good program that works for the kids," she said.

White said she involves her stu-

dent in her family functions and enjoys getting to know her interests. She said she has benefited from the program by gaining awareness of her surroundings.

"I have gained a realization of the things going on around me and the problems people have," she said.

White said she has enjoyed seeing her mentee grow up. Mercedes Armstrong, senior biology major, has been a mentor for three years. She said she joined the program to gain leadership skills and to help children.

"I wanted to be a positive influence on someone," Armstrong said.

Both White and Armstrong said one has to be committed to the program to make it work.

"Three hours may not seem like a lot of time, but it is when you are busy," Armstrong said. "When it comes to going out with your friends or spending time with your mentee, you have to set aside time with your mentee first."

Anyone interested may contact Binns at Ext. 9363 or stop by her office in Room 115 of Hearnes Hall.

Career Planning and Placement

on the move

Time: 10 a.m. to 1 p.m.

Building

Ummel Tech.
Police Academy
Taylor Education
Kuhn Hall
Hearnes Hall
Music/Art/Theatre
Young Gymnasium

Date

Thursday
Friday
Monday
Tuesday
Wednesday
April 7
April 8

Location

Front entrance
West entrance
2nd floor north entrance
Outside nursing dept.
Main entrance
Phinney Hall
Lobby

202 2890 0510

Staff will be available to explain their services and help students plan their job searches.

SOUTH AFRICA, from page 5A

sympathizers. Their homes were later burnt down by unknown arsonists. Yet the Zulu king agreed to meet Mandela on March 18.

The political repercussions of Mangope's downfall have spread to the heart of Afrikaner nationalist politics. When Mangope realized last week that his government was on the edge of collapse, he called for help from General Constand Viljoen, leader of the Afrikaner Volksfront. The general sent in his Volksfront commandos to secure Bophuthatswana's military air base. But they were then joined by thousands of commandos of the way-out Afrikaner Resistance Movement (AWB), whose demagogic

leader, Eugene Terre'Blanche, ignored requests from Viljoen and Mangope to keep his zealots out.

Bophuthatswana's black citizens bitterly resented the AWB's arrival. Clashed left several of its men dead, two of them wounded, then killed by a local policeman after they had raised their hand in surrender.

Viljoen criticized the AWB for ignoring his orders to stay out, calling its commandos ill-disciplined and reckless. The AWB hit back sharply, calling him a "political Judas goat." Viljoen then resigned from the Volksfront. He had earlier tried to persuade its members to take part in the election, and failed. Now he registered a new

party, the Freedom Front, just in time for the electoral deadline. He has been joined by some members of the Conservative Party—it is boycotting the election—including its entire Natal executive and by two other Volksfront generals.

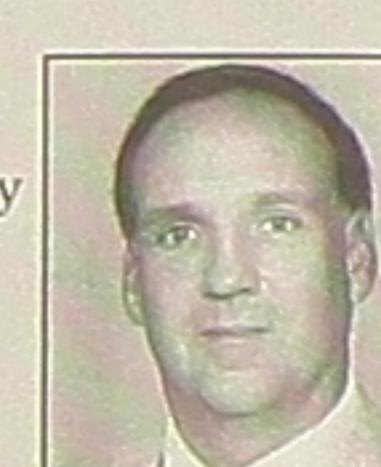
The real loser in Bophuthatswana were Terre'Blanche and his Afrikaner separatists. Having repeatedly boasted of their military prowess, the AWB commandos had to flee hastily, some protected by the army. As Mandela told the cheering crowd this week, the AWB had been given a lesson it would never forget. And the real winner? Arguably, South Africa.

???? CAMPUS QUERIES ????

What is the cage-like metal structure built south of the [Taylor] education and psychology building?
—g.d.

That is our new hammer and discus cage," said Tom Rutledge, head coach for the Lions and Lady Lions track and field teams. "We couldn't practice the hammer because we couldn't meet the liability rules."

Rutledge said the cage allows Missouri Southern to conform to NCAA rules.



Rutledge

Have a question about the Missouri Southern campus or College procedures? Send it to P.J. Graham, The Chart, 333 Webster Hall, call 625-9311, or fax it to 625-9742.

The Opinion Corner

Sponsored by Missouri Southern Student Senate

Do you think the commencement ceremony should be divided into two parts?

 YES NO

Place answers in the Senate comment box outside the cafeteria in the Billingsly Student Center.

Look for results here in next week's *Chart*.

Official Nomination for Outstanding Teacher Award

Name of Teacher Nominated: _____
Please state the reasons you have nominated this fine teacher. Describe his or her qualities as extensively as you wish. (Use additional page if necessary.)

Signature _____

If you are a student or member of the Alumni, please identify the class or classes you have taken from this professor.
Class(es) _____

Return to Box 110, Office Services, Hearnes Hall, Room 106 no later than FRIDAY, APRIL 15, 1994.

THURSDAY, MARCH 31, 1994

THE CHART / PAGE 7A

SIGHTS, SOUNDS, and so on...

ON CAMPUS

Spiva Art Center
623-0183
44th Spiva Annual
Competitive through April
17.

JOPLIN

Champ's
782-9444
Saturday—Raising Cain.

SPRINGFIELD

Springfield Art Museum
447-866-2716
—SDC Craftsmen Exhibit.
—Fifty Years of Printmaking
by Mauricio Lasansky.

COLUMBIA

The Blue Note
341-874-1944
Tomorrow—1964 Beatles
Tribute.
Saturday—Blue Dixie.

KANSAS CITY

Blayne's Downunder
Westport
866-561-3747
Saturday—Full Blast Rythm and Blues.
Grand Emporium
866-53H504
Tonight—Leon Russell.
Tomorrow—Tenderlon.
Saturday—Lee McBee and Passion.
Kemper Arena
866-931-3330
April 5—Rush with Primus
Tickets on sale now.

ST. LOUIS

Mississippi Nights
344-421-3853
Tomorrow—Stir with The Fins.
Saturday—David Lee Roth.
Links Club
344-367-1900
Tomorrow—Paint the Earth.
Saturday—The Sun Sawed in 1/2 with Limbo Cafe.
Kennedy's
344-421-3655
Tomorrow—Limbo Cafe opening for Suave Octopus.
Saturday—Suave Octopus.
Fox Theatre
344-534-1111
Tomorrow and Saturday—David Copperfield.
April 8—Billy Ray Cyrus.
St. Louis Arena
344-644-0900
April 4—Rush with Primus.
Springfield Ballet
1-800-962-2787
April 28—David Parsons Dance Co. and the Billy Taylor Jazz Trio.
Plaza Dinner Playhouse
866-756-2266
Tonight through April 30—South Pacific.

TULSA

Uncle Bentley's
918-664-6967
Tomorrow and Saturday—Steven Hero.
Tulsa Performing Arts Center
918-587-4481
Tomorrow and Saturday—Someone Who'll Watch Over Me.
O'Brien Recreation Center
918-591-6008
Easter Egg Hunt.

Fayetteville

Rivercity
501-521-3655
Tonight—Nixon.
Tomorrow and Saturday—Bee.

JLT

Theatre still survives

By WILLIAM GRUBBS

STAFF WRITER

If you thought you had to travel to New York to see talented play performances, you're wrong.

Joplin is the home of a small theatre with a history dating back to 1938. Joplin Little Theatre has performed more than 250 stage productions and continues to be a strong force in the theatrical community.

"Joplin is proud that JLT is one of the very few Little Theatres which have survived more than 50 years," said Philip L. Jones, JLT historian, "and has produced vigorously and continually good entertainment."

According to Jones' wife, Betty H. Jones, JLT has something no other theatre has.

"Joplin Little Theatre is the oldest theatre in continuous operation west of the Mississippi," Jones said.

Another performance, *The King and I*, is scheduled from July 26-31.

issippi," she said.

Cecie Fritz, a former board member, said the theatre serves the community.

"What it does is enable people to see shows that they may not always be able to see," she said. "The production quality has always been very high."

JLT officials say they are delighted with the community's financial support.

The principal source of support for Joplin Little Theatre has always been, and still is, the people of Joplin and the four-state area," Philip Jones said. "No state or federal funds are used, and we hope they will not be required."

JLT will perform *The Picnic*, a romantic play that takes place in a small town in Kansas, from June 6-10. Auditions for *The Picnic* are April 11-12.

Another performance, *The King and I*, is scheduled from July 26-31.

ALIVE AND KICKIN'



DEBORAH SOLOMON/The Chart

Joplin Little Theatre, 3008 W. First, recently underwent major renovations to update the playhouse. The theatre, founded in 1938, has been the site of more than 250 performances during the last 56 years.

MUSIC NEWS

Southern Trio to perform classics in concert

By ERIN HOLLAND

ARTS EDITOR

Faculty members from Missouri Southern will give a free concert to the public tonight.

The Southern Trio will perform at 7:30 in Webster Hall auditorium. This is the ninth year the trio has put on a performance.

Members of the group are Kexi Liu, director of the Missouri Southern Suzuki Violin Academy; Gloria Jardon, music instructor; and Bill Elliott, professor of music.

Liu, director of the Missouri Southern Suzuki Violin Academy; Gloria Jardon, music instructor; and Bill Elliott, professor of music.

Each member of the group will play a different instrument: Liu, the violin; Jardon, the piano; and Elliott, the cello.

This is Liu's third year of playing with the trio.

"I enjoy playing the music," he said. "It is good music, we play

good composers, and it is truly a popular style for chamber music."

Liu moved to the United States from China in 1984. He has performed with several prestigious orchestras in America, including the Greensboro Symphony Orchestra and the North Carolina Symphony Orchestra.

"The violin is my instrument," Liu said. "I have been in other

trios, such as a French horn trio, and in a string quartet."

Jardon has been playing with the trio since it was founded nine years ago.

"Both of us (Elliott) have been with the group since it began," she said. "We have gone through three violinists."

Jardon, holds a degree in piano from the New England Conservatory of Music.

"It is very enjoyable to per-

form," she said. "We all have wonderful relationships that are very professional."

Elliott has been at Southern for 26 years. He conducts the MSSC Community Orchestra and performs with the Springfield Symphony Orchestra.

The trio will feature three works by Mozart, Mendelssohn, and Saint-Saens.

"The entire community, young and old, is invited," said Liu.

MUSIC FESTIVAL

Southern hosts junior festival

Dr. Paul Carlson, PSU professor, set to critique performers' skills

By ERIN HOLLAND

ARTS EDITOR

Musicians from around the area will be performing at the Junior Music Festival in Phinney Recital Hall Saturday.

Hosted by the Missouri Southern Suzuki Violin Academy, the festival gives children ages 5-18 the opportunity to play for a judge and receive criticism and comments.

"There are about 20 competitors registered now," said Kexi Liu, academy director. "The children are divided into classes depending on their level."

"The levels range from beginning to advanced."

Dr. Paul Carlson, violin professor at Pittsburg State University, will serve as the judge.

To be eligible to participate in the festival, a child must be a member of the National Federation of Music Clubs. The NFMC is the largest music organization in the world.

This is the second time the Missouri Southern Suzuki Violin Academy has hosted the festival.

"After three years, anyone who had received a 5 rating for three straight years will receive a golden cup," Liu said.

A 5 is the highest rating given to a performer at the festival.

"This is a non-competitive festival," Liu said. "A 5 is not given to just the best performers, but

to a child who is playing to the best of their ability."

"There is a lot of encouragement given out."

A best performance award is also given at the festival. The winner of that award goes on to the state festival in Springfield, where cash prizes are awarded.

"At the state level it is very competitive," Liu said.

Last year's winner was Cathy Higginson, then a junior at Joplin High School.

"This gives students new music to play," Liu said. "There is a lot of practicing and preparation that goes into this."

"It lets the students set goals that are reachable to them."

The festival will start at 10 a.m. and will run until all of the contestants have been judged.

Interested persons should contact Liu at (417) 625-9681.

Barbershoppers ready themselves for trip to Omaha

By ERIN HOLLAND

ARTS EDITOR

Even though they had to change their name, Apex (a.k.a. Surround Sound) still will be singing the tunes they're known for as strong as ever.

"We had to change the name just for pre-lims," said Tim Baker, senior communications major. "We'll still be called Surround Sound in the Joplin area."

Apex is a barbershop quartet whose members are all students at Missouri Southern.

Other members of the group are Greg Fisher, senior communications major; Craig Smith, senior music major; and Aaron Tunnell, sophomore computer information systems major.

"We've been singing together for a year," Baker said. "There are quartets that have been together for 20 years."

The group is heading to the international preliminaries in Omaha, Neb., April 7-10.

The tournament is sponsored by the Society for the Preservation and Encouragement of Barbershop Quartet Singing in America and hosted by Central Regions.

The top two quartets in the tournament go on to the international championships in Pittsburgh, Pa.

"This is our first competition together," Baker said. "I'd be happy to finish in the top 10."

"If we sing like I know we can,

I think we can do it."

Twenty to 30 quartets representing the states of Missouri, Illinois, Arkansas, Iowa, Kansas, Nebraska, and Oklahoma, will compete at the tournament.

"There will be good teams there," Fisher said. "As long as we do our best, I'll be happy."

Apex will perform two songs in the first round: "If I Had The Last Dream Left In The World" and "I Use To Call Her Baby."

Members of the group were introduced to the idea of becoming a barbershop quartet by Bud Clark, music instructor at Southern.

"We were all in choir when we started to do barbershop," Baker said. "He's (Clark) our coach now and our motivator."

"He's inspiring to be around and is an all-around good guy."

The combination of the members seems to have worked well.

"I love the style of singing," Fisher said. "I just love singing in a barbershop."

Last year the Southern group was disqualified because one of the judges apparently was offended by one of the songs.

"We did a parody on a song and had a tree fall on our dog," Baker said. "One of the judges thought that we had killed the dog in the song, when we actually hadn't."

"We were disqualified any how."

This will be Baker's last competition with the quartet.

He has strong feelings about his last performance.

"I'd like to go out with a bang," he said. "It can get trying at times, but we know what we've got to do."

"Hopefully our voices won't go out on us and we can get in

DEBATE

Team headed to final tourney

By ERIN HOLLAND

ARTS EDITOR

With less than two weeks left in its season, the Missouri Southern debate team still is doing all the researching and reading it possibly can.

Competing in the junior varsity national at Johnson County (Kan.) Community College over spring break, the team was successful and pleased with its performance.

"We took second to Arizona State University," said Georgette Oden. "I competed with Kimberly Lawry, and it went well."

"She has a lot of talent and potential."

The teams of Phil Samuels-Eric Dicharry and Jennifer Hearnes-Gary Crites also competed. Hearnes received the 10th-place speaker award, while Oden was first in that category.

"I am really happy with how I've done this year," Oden said.

One tournament remains this season for the team, the National Championship Tournament for the Cross Examination Debate Association.

It opened yesterday and runs through Monday at Middle Tennessee State University.

"There will be 220 teams

there," Oden said. "Only the top 64 make it to the second elimination round."

"I think that everyone has a really good chance to break."

Coach Eric Morris sent four teams to nationals: Oden-Ken DeLaughder, Paul Hood-Jason Newton, Shelley Newton-Lawry, and Phil Samuels-Eric Dicharry.

"Everyone goes to the nationals with a hope of winning," DeLaughder said. "I think that every team has a shot at the elimination rounds."

"It depends on how much experience is there."

Although teams from across the nation are competing at the national tournament, Oden believes Southern has an advantage.

"The Midwest teams are much better because they come from the toughest region," she said. "A lot of the teams from other areas of the country will be surprised."

Southern has set its goals on making it past the elimination round and perhaps getting a speaker award. There are only 20 speaker awards given out in the entire tournament.

"Paul Hood has a good chance to get a speaker award," Oden said. "He is definitely one of the best speakers on

ELECTION '94

Races climax Tuesday

6 candidates seek 5 seats on City Council

By HEIDI WEAVER

STAFF WRITER

The race is on with six candidates running for five seats on the Joplin City Council in Tuesday's elections.

Bobby Pullen, Jack Stults, Darious Adams, and Donald E. Clark are running for three general Council seats.

Pullen said he has the experience, finishing his second term on the Council.

"I hired the current city manager, and so I have the inside track to hiring the next city manager," he said. "The city manager is the most important person in the city."

"I would also like to require the federal government to provide the funding for the programs they require us to carry out."

Stults said a person has to be a little crazy to want to serve on

the Council.

"The city is a business; the residents are the customers and also the stockholders," he said. "The Council is equivalent to the board of directors."

"With my business background, experience, and age, I can best represent [residents'] interest on the board of directors."

Adams, a Missouri Southern graduate, said it is time for people his age to get involved in the city.

"My No. 1 goal is economic development," he said. "The economic development is the key issue. We need to form a closer bond with our educational system because that can do nothing, but help us."

Clark has served 28 years on the City Council, including four years as mayor of Joplin. He said he is dependable, dedicated, and has experience. One item

Clark would like to see is for the Council to supply Missouri Southern Television with equipment to televise Council meetings.

"I would like to see the Council finance some television equipment for the College when they televise the Council meetings," he said. "This way all they would have to do is come in, film it, and leave."

Two other candidates are running unopposed for the other two seats. Ron Richard (zone 4) said he is an advocate for the outspoken and believes in letting people know exactly how he stands on different issues.

"If you want an advocate for something or someone, I am the person," he said.

Milton Wolf is running without opposition in zone 1.

"I believe after four years I pretty well have the knowledge to do a good job," he said.

MSTV special features R-8 candidates

By HEIDI WEAVER

STAFF WRITER

Four of the seven Joplin R-8 School Board candidates spoke live at MSTV Monday night in support of their campaigns for Tuesday's election.

The MSTV special, hosted by Judy Stiles, accepted phone-in questions from prospective voters for the candidates. The attending candidates were Benjamin D. Rosenberg, Rick Lewis, Kevin Lampe, and Dwight G. Watts.

Rosenberg, who has four children in the school district, said

he would like to use his energy and perseverance to serve on the board.

"We should strengthen our technical side," he said. "Everyone should be computer literate. We need to reconfigure to alleviate the overcrowding in the junior highs."

Lewis said the school board should ensure the taxpayers get the most for their money.

"Our most important investment in our community is our school system," he said. "I want to be involved in setting up policies to help our students compete in the real world."

Lampe said his experience in

the business world gives him budgetary experience.

"Schools today are big business; you can't move overnight," he said. "We need to open up the doors and encourage the community to get involved."

Watts said there needs to be greater cooperation among teachers, parents, and students.

"Teachers, students, and parents need to work together," he said. "We need to make our schools interesting so our children will want to come."

Three other candidates, Ralph Maness, Campy Benson, and Ted Helms, were not present at the MSTV special.

VOTER'S GUIDE

SAMPLE BALLOT
ANNUAL MUNICIPAL ELECTION
CITY OF JOPLIN
TUESDAY, APRIL 5, 1994 — JASPER COUNTY, MO.

FOR GENERAL COUNCILMEMBERS
FOUR YEAR TERM (VOTE FOR THREE)

BOBBY PULLEN — 138
JACK STULTS — 139
DARIEUS ADAMS — 140
DONALD E. CLARK — 141

FOR COUNCILMEMBER - ZONE 1
FOUR YEAR TERM (VOTE FOR ONE)

MILTON WOLF — 144

FOR COUNCILMEMBER - ZONE 4
FOUR YEAR TERM (VOTE FOR ONE)

RON RICHARD — 147

SAMPLE BALLOT
ANNUAL SCHOOL ELECTION
JOPLIN R-VIII SCHOOL DISTRICT
TUESDAY, APRIL 5, 1994 — JASPER COUNTY, MO.

PROPOSITION NO. 1: To choose by ballot two directors who shall serve as members of the Board of Education of said school district for a term of three years each. (VOTE FOR TWO)

RALPH MANESS — 81
JERRY WOOLSEY — 82
BENJAMIN D. ROSENBERG — 83
RICK LEWIS — 84
KEVIN LAMPE — 85
CAMPY BENSON — 86
TED HELMS — 87
DWIGHT G. WATTS — 88

SOURCE: Marjorie S. Bell, Jasper County Clerk

GRAPHIC / Jeffrey Slatton

LOCAL BUSINESS

Gypsie's serves little tea

By JIM BLOBAUM

CHART REPORTER

Gypsie's Tea Room has been serving up tarot card readings, magic oils, herbs, and candles, but, oddly enough, very little tea for almost a year now.

"The tea is just something for them to drink while they wait for their reading," said Brenda Johnson, one of the resident psychics.

The store sponsors an annual psychic fair sporting two card readers, a rune reader, astrology, numerology, and biorythm. This year the fair begins April 30.

Readings are not the only things for sale at the Gypsie's Tea Room. Tapestries hang on the walls and windows, and ornamental knives and pipes are available when in stock.

"We have everything for the witches who know what they want and pre-made kits [for those who don't]," Johnson said. "We have people come in with a specific problem who want a spell or potion to deal with it."

This spring, the psychics at the tea room are planning workshops. The first of these was held Monday, March 28. At a cost of \$15, the workshops involve the use of divining pendulums and include a kit.

Far from the classic image of the gypsy psychic wrapped in silks and cradling a crystal ball, the witches see magic and clairvoyance as just another occupation.

"We've been in it for 20 years or more," Johnson said. "For us it's more of a lifestyle."

The average reading costs \$10 and takes 10-15 minutes.

"Mostly I just answer people's questions," Johnson said. "Usually people come in here confused or depressed. I want them to leave here with some hope."

The clientele is remarkably varied considering the nature of the craft. Everyone from "newborn to 90" have readings, Johnson said.

"Usually somebody who's been here a couple of times will bring somebody new with them," she said.

The owners also have started an environmental awareness group to help clean up the highways surrounding their business. For more information, persons may call Johnson or Mert at 649-7982 or 673-8117.

STATE AUDITOR

Refinancing allows Carl Junction to expand plant

By JOHN HACKER

SENIOR EDITOR

Some area cities and school boards have been alerted by the state auditor's office that they need to look into refinancing some outstanding bond issues.

The governmental entities in Jasper County which received letters included the cities of Carl Junction, Carterville, and Webb City, the Carthage R-9 School District, and the Webb City R-7 School District.

Missouri State Auditor Margaret Kelly sent a letter in February to more than 200 school districts, cities, and other political subdivisions telling them they may be able to save

some tax dollars by refinancing some of their outstanding bonds. The letter says because interest rates are at their lowest levels in years, the state auditor's office reviewed all general obligation bond issues registered in that office.

"I am not making a definitive recommendation to these political subdivisions regarding refinancing," Kelly said. "I know that some of these entities receiving letters have already decided to refinance, while others, for legitimate reasons, will not find it feasible."

Whether refinancing the bonds is feasible depends on a number of factors, including current interest rates, call provisions, total years remaining to pay the

bonds, amount of principal outstanding, and prior refinancing.

Of the five entities in Jasper County that received letters, only the city of Carl Junction said refinancing would be feasible.

City collector Nina Simpson said Carl Junction is increasing the capacity of its water treatment plant to meet the needs of the city well into the 21st century.

"We have so much building going on, we were going to have to do it in the next five years anyway," Simpson said. "We are refinancing our bonds at a lower rate and borrowing some money. This way we will come out ahead without increasing the tax levy."

The other cities and school districts said refinancing either was not possible because of the way the bonds were structured or it would not save enough money to be worthwhile.

"Believe me, if we could [refinance], we would," said Ronald Barton, superintendent of the Webb City R-7 School District. "Unfortunately, our bonds do not qualify [for refinancing]."

The city of Webb City looked into refinancing but found it would not be worthwhile.

"We found out that the initial outlay [to refinance] was more than we could spend," said Lorinda Southard, city clerk. "The end savings did not justify that outlay, and we would not realize any savings until at least

the year 2001 anyway."

Karen Klink, city clerk at Carterville, said Mayor Emmett Southard had not decided whether to pursue refinancing.

"From what I could tell, the savings [we would realize] were not tremendous anyway," she said.

Charles Johnson, Carthage school district superintendent, said he looked into refinancing about a year ago but that the district's bonds could not be called in until the year 2000 anyway.

"They would be paid off a couple of years after that," Johnson said. "Anyway, we don't have that many bonds out to begin with."

Former gang member pushes message of hope, not dope

By JENNIFER SEXTON

STAFF WRITER

A former drug addict and member of the Straight Satans, one of California's most notorious bike gangs, has found a whole new direction in life.

"I was lost and now I am found," said Mike Grieshaber, owner of Biker Mike's, a leather shop on Main Street in Granby.

Grieshaber's shop deals in American-made chopper jackets, tool bags, wallets, chaps, purses, and just about anything made of leather.

"Everything we have is American-made cowhide," he said. "If you want to buy something leather, you should come to me first or you could make a big mistake in price."

While Grieshaber is not in the business for the money, sales are doing just fine.

"It's (the shop) doing fine," he said. "The Lord takes care of his own."

To the common passerby, his appearance may appear intimidating.

"Just a few years ago I was the most sinful person you could ever meet," Grieshaber said. "The last four years have been beyond my wildest dreams."



whatever." The fast-paced lifestyle of motorcycles, leather, and tattoos lured Grieshaber into the Straight Satans. "I liked that lifestyle, and I got into it right away," he said. "I had a motorcycle before I had a car."

Life in the fast lane for Grieshaber came to a sudden halt when a tractor-trailer unit ran him over from behind. He was

sent reeling onto the pavement, breaking nearly every bone in his body. While recovering in the hospital for 14 months, Grieshaber was able to break free of his drug dependency and received a whole new lease on life.

"At that point I should have been dead four or five times. I kept thinking 'Why am I alive?'

After his recovery, Grieshaber sold his motorcycle and moved to southwest Missouri to begin a new life. Today, he has replaced drugs and crime with messages of hope and faith. He now belongs to a gang that has 43,000 members and continues to grow.

"When I came back I found CMA [Christian Motorcyclists Association]," Grieshaber said. "I saw a CMA booth at a mall, and I knew that was my calling. That was the thing for me to do. I could go to rallies and speak to people a preacher wouldn't even think of approaching."

CMA is composed of bikers from all different backgrounds. CMA assists ministries throughout the world by supplying motorcycles, Bibles, and other ministry tools.

There are more than 380 chapters in the United States. CMA shares a vision with motorcyclists in Europe, Asia, Africa, Australia, and Latin America.

"There were a lot more Jesus-cyclers out there than I thought,"

Grieshaber said. "I ran into one of my old cronies; he was driving down the highway and he waved me over. When he found out I was running with Jesus-bikers, he was all upset."

"By the time he left, he had a different look in his eye. That night he called me and said I gave him a lot to think about. You plant the seed, and the Lord will work on those people."

Grieshaber is road captain for the Trinity Trailblazers, the Neosho chapter of CMA. The group meets once a month.

"All the time I was out having fun, I knew I was doing wrong," he said. "It wasn't the thing to do—getting shot, being stabbed, and waking up in the hospital. I knew it wasn't the thing to do."

Although Grieshaber kicked the drug habit, he found it difficult being around his old friends.

"At first it was kind of hard because they were all my old bros' and they are all out partying all the time and having a good time, and you kind of want to go back with them. But I knew I was going to die if I kept that up."

"I had it in my heart to go back and tell them what I found—the looks on their faces are unbelievable. 'Hey look—here's the greaser. Check him out, he's smiling.'

Grieshaber said he goes into areas other ministers would not

dare go.

"Your average evangelist preacher wouldn't go to a bike rally," he said. "They don't want

to walk into the middle of a bunch of bikers and say, 'Hey, you guys want to hear about Jesus?'



Mike Grieshaber poses outside his shop on Main Street in Granby.

MISSOURI HEALTH ASSURANCE PLAN

Carnahan, Democrats hold 'pep rally'

Party caucus focuses on health-care bill, addresses concerns prior to House debate

By T.R. HANRAHAN

ASSOCIATE EDITOR

In what he termed a "pep rally," Gov. Mel Carnahan addressed a Democratic caucus yesterday about his proposed health-care reform.

"It certainly was that, but I think it focused attention on the fact this is a central issue of our time," he told The Chart. "It is one of those things people expect us to do."

Carnahan said he and the speaker expect to talk with representatives of both parties in formulating the final bill, but will not keep score just yet.

"We are not counting votes," he said. "We will be working with Republicans—both leadership and individuals—and there are people who are interested."

Carnahan also said he will personally speak with legislators.

"Yes, we are going to lobby directly," he said. "Those who show interest or concerns, we will bring them down and talk to them about how we might meet those and the principles we would like to see in the bill."

Earlier this week, the House critical issues committee recommended the bill for passage after several amendments. Carnahan said that is part of the process,

but House Minority Leader Pat Kelley (R-Lee's Summit) has promised more from the Republican side.

"The message [to the caucus] was we have a very strong bill," Carnahan said. "It has the principles of extending access to a great many more Missourians, containing costs, and keeping the quality of care high."

"This bill is improving by this process, and we do look at this as a process."

Although Carnahan has stressed several principles, he did not give the caucus any ultimatums or absolutes.

"We didn't talk about what had to stay in and what did not—that was not the vernacular," he said. "I think we are on a complex issue—a bill that is evolving."

"They should go with that mindset. If they have concerns or their constituents have concerns, we can sit down and try to work it out and maybe strengthen the bill."

While he insists he is not counting votes in the House, Carnahan said he is confident all sides can resolve differences.

"I think it is coming along," he said. "I think the tide has turned on this issue, and I think that it is expressed to the people we are talking to that we need their help."

"There are key principles where we are all in agreement. Market reform, open enrollment, elimination of preexisting conditions—even the insurance people agree with those. They say 'That's the way insurance used to be'—the way it has to be."

Carnahan said many of the criticisms are not applicable to the current plan.

"Many of those raised are about things that were talked about last year," he said.

The benefits of the plan far outweigh its disadvantages, Carnahan said.

"This is doing what is right," he said. "It is giving relief to people."

"Right now, even those who are insured run the risk that if they change jobs they will lose their insurance."

Carnahan said the caucus was primarily informative in nature.

"They [legislators] said they wanted to know where the bill was going and how it would affect their constituents," he said.

HIGHER EDUCATION BRIEFS

Lincoln's books in good shape

An audit of Lincoln University's financial statements shows that Lincoln's accounting practices are on solid footing.

The annual audit, conducted by Baird, Kurtz and Dobson, stated that "Lincoln University's financial statements are free of material misstatements and that governmental accounting and reporting standards were followed." The firm found no material internal weaknesses and did not issue a management letter.

"Not receiving a management letter is very unusual, especially for governmental entities," said Emil Ortmeier, interim vice president of business and finance at Lincoln. Ortmeier noted that Lincoln's accounting practices show a clear improvement from the late 1980s.

"Six years ago when I was part of the accounting team of Williams-Keepers, we conducted an audit at Lincoln and issued a 28-page management letter to the university," he said. "Now, Lincoln University's financial controls are top-notch."

NWMSU starts exchange pact

Five academic administrators from the Institution of Technology in Monterrey, Mexico, were guests on the campus of Northwest Missouri State University last week as officials of the two institutions worked toward establishing student/faculty exchange agreements.

Earlier this semester, a Northwest delegation visited the Monterrey Institute of Technology as the first step in the process. The two institutions are expected to sign a joint "agreement to agree" document which is preliminary to a formal exchange program contract.

While on campus, the Mexican delegation took a look at Northwest's Electronic Campus, visited with faculty and students, toured the Horace Mann School and Owens Library, and met with President Dean Hubbard and other university officials.

Central offers international study program

Educators from Missouri and neighboring states are invited to participate in a three-week international study opportunity in Sweden this summer titled "Global Education and Social Reality: From Vision to Action."

Central Missouri State University is cooperating with its sister institution, Vaxjo University, Vaxjo, Sweden, for the July 21 to Aug. 10 event. Participants will receive five hours of graduate credit from CMSU.

"This will better prepare teachers for their role as agents of change in an increasingly global society," said Audrey Wright, an associate professor of education at CMSU who is helping to coordinate the program.

The cost is \$2,700, which covers air fare, room and board, and sightseeing excursions.

Wright said the program includes tours of glass works, museums, and other sites of interest, in addition to a possible trip to Latvia.

UMKC to host 40 years of UFO documents

A presentation revealing 40 years worth of U.S. government documents on Unidentified Flying Objects will be given by an acknowledged UFO researcher at the University of Missouri-Kansas City on Tuesday, April 5.

"UFOs—The Hidden History," a slide show and lecture by Robert Hastings, begins at 7:30 p.m. in Pierson Auditorium. Hastings has obtained more than 10,000 pages of U.S. government documents on UFOs through the Freedom of Information Act.

Hastings says these classified documents show that the military and government have acknowledged unexplained sightings and have been frantic to get answers.

Tickets to the presentation are \$2 for the general public.

HELMET HEAD



T.R. HANRAHAN/The Chart

Rep. Dale Whiteside (R-Chillicothe) gives Rep. Sandra Kauffman (R-Kansas City) a good laugh by donning a bicycle safety helmet provided by the Central Missouri Comprehensive Traffic Safety Program.

STATE AUDITOR

Kelly comes out swinging

Incumbent says she wishes to preserve 'professionalism' of auditor's post

By T.R. HANRAHAN

ASSOCIATE EDITOR

In announcing her reelection campaign for state auditor Tuesday, Margaret Kelly came out swinging.

"Missourians want an auditor who will tell them when the political bosses are bending the rules and avoiding responsibility to the taxpayers," Kelly said.

"When taxpayers heard me say that the governor and those who control the legislature were

cooking the books in order to get

away with raising taxes without

a vote of the people, they knew they had a voice in Jefferson City."

In performing her duties, Kelly said she has trusted only one authority—the taxpayers.

"My opponent has already criticized me for my combative attitude in my audits of state and local government," she said. "My answer to that is simple. I have been elected to serve the taxpayers, not the bloated government bureaucracy and political bosses who now control Missouri's government."

"My motto has been, and will remain, 'In God we must trust—all others we audit.'

Kelly repeatedly referred to her main general-election opponent, Sen. Steve Danner (D-Hale), but never by name. Kelly cited professionalism as a major issue in the upcoming campaign.

The outcome of this election will determine whether the auditor's office continues its progress as a professional auditory organization, with a mission to serve the taxpayers and promote efficient government," Kelly said. "Or, will it fall back to the days when the public elected 'good ol' boys,' not professional accountants, as their

watchdog in Jefferson City?"

Danner took exception to Kelly's views and said she was playing politics with a selective memory.

"I find it ironic that Margaret

Kelly supported John Ashcroft for state auditor, and he was not a CPA," Danner said. "No one went around saying he was less than qualified or that he was incompetent."

"What is good for the goose is good for the gander."

Danner said he welcomes discussion of the professionalism issue.

"I have tried to stress that professionalism is the reason I am in this race," he said. "I am in this race because of the lack of professionalism in the auditor's office under Margaret Kelly."

"This lack of professionalism has been characterized by the delays in issuing and conducting audits—particularly in the case of the Second Injury Fund, when the audits were due July 1, 1992, but were delayed until August after the primary."

Danner also accepted Kelly's invitation to debate.

"It's really interesting since Margaret Kelly has refused to debate in every other race she's been in," he said. "It seems odd for the incumbent to employ that strategy—to challenge the underdog."

Singleton to face pair of primary challengers

The race for Missouri state senator for the 32nd District is getting crowded.

Incumbent Sen. Marvin Singleton (R-Singleton) faces challenges from fellow Republicans Gary Hamlin and Roy Cagle. No Democrats filed before Tuesday's 5 p.m. deadline.

Only two area legislators will face opponents in the November general election, Rep. Gary Burton (R-Joplin) and George Kelly, Jr. (D-Neosho).

Burton faces a challenge from Joplin Democrat Jim West. West is a member of the Joplin City Council.

Kelly will face one of three Republicans vying for his seat. Kay Hively, Gary Marble, and Mark B. Bridges will square off to face Kelly in November. Bridges made Tuesday's filing deadline by 39 minutes.

Rep. Chuck Surface (R-Joplin) will face primary competition from Don Stubblefield.

Reps. Martin "Bubs" Hohulin (R-Lamar) and T. Mark Elliott

(R-Webb City) will run unopposed.

The number of candidates appearing on Missouri's ballot this summer is an all-time high. The most crowded races are those for U.S. Senate and the 5th District congressional contest. Thirty-one total candidates have filed for the two offices.

In the battle to succeed U.S. Sen. John Danforth, nine Democrats, five Republicans, and two Libertarians have joined the fray.

The best known of the candidates in that race are former Missouri Gov. John Ashcroft (Republican) and U.S. Rep. Alan Wheat (Democrat).

In the race to succeed Wheat, 12 Democrats and three Republicans have filed. Among them are state Reps. Karen McCarthy (D-Kansas City), Jackie McGee (D-Kansas City), and Carole Roper-Park (D-Sugar Creek).

Secretary of State Judith Moriarty said 579 persons met Tuesday's deadline, including a total of 58 in the final day.

House OKs measure to curb gang violence

By T.R. HANRAHAN

ASSOCIATE EDITOR

Educating children about gang violence is the goal of a bill that gained preliminary approval by the House Tuesday.

The measure, sponsored by Rep. Dana Murray (D-St. Louis), would call for the department of elementary and secondary education to identify and, if necessary, adopt a program to instruct students of the negative consequences of membership in or association with criminal street gangs. The programs would then be administered by the public school districts.

"There are 152 known gangs in the state of Missouri," Murray told the House. "It is like a circle that is getting bigger and bigger."

"We need to get to younger children and help them at that level."

The programs called for in the measure would affect students in the third through 12th grades.

Murray said the program would tap many sources for its material.

"We would call other states and take the best of those so we can help these local districts," she said. "I would like to see it set up like the DARE program, but start it earlier."

Some of Murray's colleagues agreed with the need for such a program.

"I didn't realize the severity of the gang problem until a constituent wrote me with a story," said Rep. Christopher Liese (D-St. Louis). "She manages three inner-city McDonalds."

"One day, a young man ran in and jumped the counter, followed by four or five others all dressed in blue. When she followed them outside, she found the first young man crying for help—he had been stabbed more than six times."

"This is everywhere. If it is not in your neighborhood, it soon will be."

Rep. Jim Murphy (R-Crestwood) agreed with Liese's assessment.

"This has become so pervasive," he said. "It now affects every level of life."

"Anything we can do to stop gang warfare, we must do."

"I find it ironic that Margaret

TRACK AND FIELD

Teams shift into outdoor modes

By P.J. GRAHAM

MANAGING EDITOR

Indoor season ended and outdoor began over spring break for the Missouri Southern track and field teams.

Ending the indoor season, Tongula Walker, Jason Riddle, and Tish Alvarez competed at the NCAA Division II meet in Fargo, N.D. Walker, with a sprained knee, barely missed being the national champion in the triple jump. She jumped 39 feet, 11 1/4 inches and missed winning by a quarter of an inch.

"She's been the highlight of our women's team," Coach Tom Rutledge said.

Rutledge said Walker decided not to compete in the long jump as that would have put too much strain on her knee.

Senior Jason Riddle, who has received All-American honors in both track and field and cross country in his college career, ran the 1,500-meter race in three minutes and 57 seconds in the preliminaries but did not qualify for the finals.

Rutledge was pleased with the efforts of Tish Alvarez, a sophomore shot putter who missed making All-American by two places when finishing eighth with a toss of 42-10. Only the top six places in each event receive All-American honors.

The outdoor forces were split up as three team members attended the Central Missouri State heptathlon/decathlon. Sophomore Jason Ramsey came in sixth in the decathlon while battling a sprained ankle. He scored 5,908 points. Freshman Joe Hettinger placed 18th in the event with 4,888 points.

For the heptathlon, junior Mary Adamson finished sixth in the event.

The rest of the Lions and Lady Lions attended the Pittsburgh State University-Jock's Nitch Gorilla Relays. The men's team placed third overall behind PSU and Independence Community College, and the women's team was fifth overall.

"It was a good, positive meet," Rutledge said. "Even with our lack of depth, we're still competitive."

In the men's competitions, Riddle led the pack with a first in the 5,000-meter race at 14:50.90. Jamie Nofsinger was

fifth, Josh Rogers sixth, and Juan Rojas seventh. In the 100 meters, junior Scott Tarnowiecki placed seventh, and in the 200 meters he took fourth at 22.75.

The 400 event ended up with Aaron Zerbonia in seventh and Tarnowiecki in eighth. In the 1,500-meter race, Nofsinger took second behind PSU's Dan Wnorowski. Paul Baker placed third, and Rojas finished seventh. In the 3,000 steeplechase, Higinio Covarrubias was third, and Josh Rogers came in fifth.

In the field events, Southern athletes also made a strong showing. In the long jump and in the triple jump, freshman Marcus Burns placed second behind PSU's Jerome Morgan. In the pole vault, David Groves was third, and in the javelin, G.W. Posey placed eighth.

In the shot put, Matt Houck, John Carter, and Darrell Hicks placed third, fourth, and sixth, respectively. Houck, Hicks, and Carter also placed fourth, fifth, and seventh, respectively, in the hammer throw event. And Houck took sixth in the discus.

In the women's events, Tonya Graham placed second in the 100 hurdles and fourth in the 400 hurdles. Kathy Williams took third in the 1,500-meter race, and Nicole Deem and Williams were third and sixth, respectively, in the 3,000 meters.

Three Lady Lions placed in the field events. Tish Alvarez threw the shot put 38-9 for third place, and Kim Dinan placed fifth in the high jump and eighth in the triple jump.

While the men's team has been strong this season, the women's team has been plagued by a loss of athletes. Walker is recovering from her knee problem, Rhonda Cooper is red-shirted for the season, and Lucretia Brown is having back difficulties. Also, Tammy Moshesky is not with the team.

"They were all key people," Rutledge said. "You take them out, and it hurts us."

Saturday, Southern heads for the SMS Invitational. Following that, the teams will be split between a meet at Southeast Missouri State University and Southwest Baptist University on April 9.

The women's 3-on-3 Schick Super Hoops team from Missouri Southern has advanced to the national semifinals.

Southern earned this opportunity after winning the regional tournament in Houston, Texas, by defeating Memphis State.

The team, consisting of freshmen Neely Burkhardt and Annie Richardson and seniors Michelle Dixon and Stacy Brown, will be the only NCAA Division II team at the national tournament.

"A lot of people had never heard of Missouri Southern

PLAY AT THE PLATE



CHAD HAYWORTH/The Chart

SOFTBALL

Southern takes 2 from SMSU

Grider's debut proves profitable for Lady Lions

By CHAD HAYWORTH

ASSOCIATE EDITOR

If Melissa Grider's softball career goes as well as her first game, the Lady Lions have gained a welcome addition.

Her two-out double in the bottom of the seventh inning pushed across the winning run and gave Missouri Southern a two-game sweep of Southwest Missouri State University at Lea Kungle Field yesterday.

Grider, a sophomore from Bolivar, recently joined the softball squad after finishing her first season as a Lady Lion basketball player.

"I was just trying to make contact with the ball," she said. "I just wanted to do my job and move the runner around."

Grider hasn't played competitive softball in nearly two years.

"I was fine playing in the field," she said. "But I got some butterflies when I had to go bat."

Southern Coach Pat Lipira said Grider brings experience

and athleticism to the squad.

"We are happy to have her," she said. "For her to step in and get a critical hit, that's a big confidence booster."

Junior Andrea Clarke pitched the 1-0 shutout, and moved her record to 9-2 for the year. She allowed no walks and struck out four. The Lady Lions are 19-5.

"We had a good, old-fashioned pitcher's duel," Lipira said. "I kept telling the team that 1-0 was what we were going for."

"I knew if we kept bunting we could get somebody on. We beat a very good team here today."

In the first game, Southern scored four runs in the fourth inning and cruised to a 7-1 win. Sophomore Dana George's bases-loaded walk, followed by freshman Jeanine Duggan's three-run triple, gave the Lady Lions all the cushion they needed.

Senior pitcher Angie Hadley moved her season mark to 5-0 with the win.

"We had a great day," Lipira said. "We had two good pitching performances, two good defensive efforts, and we really hit the ball hard in the first game."

SMSU, 13-6, was coming off a doubleheader sweep of Kent State Tuesday.

Yesterday was the first games for Southern in a week and a

half. Last weekend's MIAA intradivisional play in Jefferson City was rained out.

"I don't like that kind of lay-off," Lipira said. "We missed out on some critical conference games."

Lipira said MIAA Commissioner Ken Jones has said the games will not be made up, but the North division of the league has figured out a contingency plan, which leaves the possibility the South division could do the same.

The Lady Lions host the nine-team Freeman Sports Medicine and Orthopedic Classic starting tomorrow. Southern plays four times tomorrow beginning at 10 a.m.

Shelly Lundien, a junior first basemen from Carl Junction, was named the MIAA hitter of the week for March 21-27. She had three hits, including a double, and drove in four runs in a doubleheader sweep of Central Missouri State University on March 22.

In addition, Lipira notched her 400th career win in the CMSU sweep. She now stands at 403-181 in 13 seasons at the helm.

"I've been really fortunate," she said. "I think back, and I've had a lot of great players, and each of them has chipped in on the 400."

Southern will return to the arena for its semifinal contest.

"The crowd at the regionals was pretty big," Dixon said. "We just have to be smart and make sure we rebound."

Schick is providing round-trip air fare and hotel accommodations for the team as well as giving members uniforms and tickets to a Houston-Utah NBA game.

Dixon is a secondary education major; Brown is a biology major; Richardson is an elementary education major; and Burkhardt is undecided.

To put things into perspective, if the bottom five players on Arkansas' roster had played for the University of Missouri this year, the Tigers still would be playing.

The Hogs not only have no weak spots, but more importantly, are focused. That's scary because the last time they were as focused their opponent was Missouri, and I already mentioned what happened then.

Arkansas fans also need to be congratulated. Anyone who has never been to a game at Fayetteville really hasn't lived a full life. And the bonus is, you can call any female Razorback fan a hog and still be politically correct.

Wooooooo, pig soooie!

I love that chant. I loved it when I first heard it at an Arkansas football game. I loved it when I sat on the

second row this year and watched Missouri get beat by 52 points in basketball. Yeah, I really loved that. But I'm really going to love it Monday when Arkansas wins the national championship.

Wooooooo, pig soooie!

Arkansas gets little or no respect nationally because of the small media market of Fayetteville. So I take it upon myself to give the Hogs well-deserved ink and proclaim them the most talented collegiate team in modern history.

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Wooooooo, pig soooie!

Signed, Hog Heaven

SPORTS COLUMN

**DAVID BURNETT**
Confused in hog heaven**T**here are two things on my mind I felt compelled to write about this week. One concerns a university, the other two of its alumni.

The shootout is over in Texas between Dallas Cowboys owner Jerry Jones and head coach Jimmy Johnson. After the smoke cleared from the latest battle between the former college roommates, Johnson decided to leave the team.

But Jones didn't exactly beg Johnson to stick around, either.

Jones allegedly had told friends over drinks last week that he was going to fire Johnson. He even had a list of replacements in mind.

What a class move by Mr. Jones. But I guess I shouldn't be surprised, considering the rude and inconsiderate way he dumped former head coach Tom Landry when he bought the team in 1989.

At least the firing of Landry made business sense. That's what is so absurd about letting Johnson go. He coached the Cowboys to consecutive Super Bowl championships. What more could be asked of a coach?

Hello. Hello. Is anyone at home in there, Mr. Jones?

Last year I remember when Jones said even he could coach the team to a Super Bowl. Is he really that stupid?

I don't think the old saying of what comes around goes around means a whole heck of a lot to Mr. Jones.

Signed, Dazed and confused

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Intramurals**CHAMPIONS****Novice Racquetball**

Andy Stauffer

Free Throw Contest

Jon Mittenzwey

&

Mandy Gillen

Hot Shot Contest

Dan Ward

&

Nicole Veroy

Basketball

Recreational: No Names

Advanced: Ice

Women's: Fat Sisters II

EVENTS**Ping Pong Tourn.**

Deadline: April 7

Water Polo

Deadline: April 7

Swim Meet

Deadline: April 7

Date: April 13

For more information, contact Cindy Wolfe at 625-9533

WOMEN'S BASKETBALL**Lady Lions finish season 25-5****Southern falls in regional final for 2nd straight year**

By CHAD HAYWORTH

ASSOCIATE EDITOR

Call it the "Bittersweet 16." Missouri Southern's trip to the NCAA Division II national tournament ended just as it did a year ago, with a loss in the regional final to a host institution. The Lady Lions fell 75-73 to Missouri Western State College March 12 in St. Joseph.

"Last year Washburn beat us soundly," said Lady Lion Coach Scott Ballard. "This year...only one team can move on and [Western] goes on the strength of just one bucket."

Southern had beaten the Lady

Griffins in the MIAA post-season tournament championship game March 5, which earned the Lady Lions the conference's automatic berth in the NCAA tournament.

The Lady Lions downed Mew Mexico Highlands University in the first round and San Angelo State University in the second to get back to the regional final for the second straight year.

"Southern has had a lot of magic over the last two weeks," said Western Coach Jeff Mittie. "We just had to hope that magic wasn't going to get us again."

The Lady Lions, who ended the season 25-5, led Western 33-29 at the half. With starting point guard Teresa McLauray and backup Melissa Grider in serious foul trouble most of the second half, Ballard had junior guard Sonya Harlin bringing the ball up the court. Harlin finished with only 11 points, far below her season's average.

This was a team, Ballard said, that had overcome so much adversity that even getting to the regional final was remarkable.

"We lost our starting point guard (junior Carrie Garrison) halfway through the season, Tommie Horton had a broken hand early on, and we didn't get Grider until the second semester," he said. "We really focused on being strong despite adversity, and we played bigger than we were."

It was the final game for seniors Honey Scott, Cindy Bricker, and Jennifer Charleston.

"All three were great leaders for our team,"

A CLOSER LOOK

SECTION B

MISSOURI SOUTHERN STATE COLLEGE

THURSDAY, MARCH 31, 1994

The Health-Care Shuffle: ...who's dealing the cards?



The illustration depicts a hand shuffling a deck of cards. The cards are shown in a fan-like arrangement, with some cards partially visible. A prominent caduceus symbol, a staff with two snakes entwined and wings at the top, is visible on one of the cards. Above the hand, the word 'Shuffle:' is written in a large, bold, serif font. Below the hand, the words '...who's dealing the cards?' are written in a large, bold, serif font. The entire illustration is set within a circular frame.

FREEMAN/OAK HILL MERGER

3 area hospitals decide to pool resources

Agreement gives birth to Health SouthWest

By KAYLEA HUTSON

EDITOR-IN-CHIEF

One is better than three was the decision reached by Freeman Hospital, Freeman Neosho Hospital, and Oak Hill Hospital with the announcement last week of their merger.

The three have merged into one hospital alliance, Health SouthWest Alliance of Missouri, Inc.

"A system like ours can provide the kind of care needed within one region of the country," said Bob Laptad, current chairman of Oak Hill Hospital's board of directors and future member of the Health SouthWest board of directors.

"By offering a continuum of care, we're more flexible and can respond well to the need of our community."

Kelby Krabbenhoft, president of Freeman Hospital and future president and CEO of Health SouthWest, said this alliance would be a way to keep local control over the hospitals.

After the merger, Freeman Hospital would be renamed The Medical Center; Oak Hill Hospital would be the Doctors' Specialty Hospital; and Freeman Neosho would retain its name.

A restructuring of services to prevent duplication will accompany the name changes.

The Medical Center will focus on orthopedics, pediatrics, heart, emergency/trauma, general surgery, internal medicine, primary care, and convenient care.

The Doctors' Specialty Hospital will house the Women's and Infant Center with obstetrics, gynecology, and neonatology. In addition, it will include a

cancer care center.

Freeman Neosho Hospital will house orthopedics, emergency, general surgery, and internal medicine and primary care services.

Krabbenhoft said all of the hospitals in Joplin—Freeman, Oak Hill, and St. John's Regional Medical Center—had been discussing an elimination of duplicative services for the past two years.

"In the end, cultural and historical differences caused us not to come to the table," Krabbenhoft said.

After the talks broke off between all three hospitals, Oak Hill officials approached Freeman following a Jan. 8 planning retreat about a possible merger.

"I think the merger is here because there are two local organizations seeing pressures and environmental changes," Krabbenhoft said. "They took it upon themselves as locally-owned organizations to be in line."

"The market forces are really driving us."

One concern raised about the merger was the changing of Oak Hill's focus toward doctors of osteopathy.

"One of the things we made clear when we agreed to the merger was that we would continue the osteopathic physicians' training programs," said Mike Miller, CEO of Oak Hill Hospital and future executive vice president and chief operating officer of Health SouthWest. "All of our osteopathic physicians will be granted privileges in the new association."

"In addition we will seek accreditation from both the American Osteopathic Association and the Joint Commission on Accreditation of Health Care Association."

COMING TOGETHER



JOHN HACKER/The Chart

Kelby Krabbenhoft, president of Freeman Hospital, discusses the merger between Freeman and Oak Hill with reporters at a news conference last week.

Miller said the physician staff would be fully integrated between DOs and MDs.

With the merger, Health SouthWest will become the largest employer in Joplin with approximately 1,800 employees.

While Health SouthWest is seeking other alliances with area hospitals, there are no talks in the works with St. John's.

"Since we have been planning our own futures, we aren't too concerned or focused on the activities across the street," Krabbenhoft said. "We want to

take care of our own house."

Krabbenhoft expects to have the necessary incorporation paperwork to the Federal Trade Commission in the next 100 days. After the FTC receives the incorporation request it has 30 days in which to respond. Krabbenhoft expects the incorporation to be final by August.

Health SouthWest expects to reduce operating costs by \$13 million. Some of the reduction will be passed along to customers as decreased rates. The alliance also hopes to use the savings to develop new services and assist persons who cannot afford to pay for care.

COLLABORATION

Service duplication puts Joplin hospitals at odds

By JOHN HACKER

SENIOR EDITOR

A dispute over duplication of services has led to a rift between the three Joplin hospitals.

The hospitals had been discussing collaboration on a number of issues for much of the past year.

Issues such as collaboration on warehouse space and costs, sharing education and training costs, and others were being discussed, said Marsha Brown, director of marketing and public relations at Freeman Hospital.

Robert Lamb, chairman of the board at St. John's Regional Medical Center, said the hospitals also discussed using

each other's services instead of duplicating them.

"[Obstetrics services] were brought up in those collaboration discussions," Lamb said. "We told the other hospitals that we were looking into offering obstetrics services but no action had been taken."

"We told them they would be notified promptly when we made a decision."

Brown said St. John's entry into the obstetrics field was an "obvious duplication" of services.

"Our talks with [St. John's] broke off because they violated the agreement," Brown said.

Duplication is a problem that adds to the cost of many facets of medical care. Brown said that in considering the

items on the table when talks broke off, the potential savings was significant.

"Why do we need to maintain three warehouses when we all buy the same bandages and trash bags?" she asked. "Pharmaceuticals are a tremendous overhead cost for all three hospitals. Why not share those costs?"

"We had probably a dozen or more areas we had discussed that could ratchet down the costs for the whole community."

Lamb said St. John's decided it could not "lose control of our costs."

"St. John's board decided it could not limit itself in the growing field of managed care," he said.

Managed care is a new field in which people and companies contract with a

hospital or health-care group to provide for their health needs.

This system emphasizes preventative health care and says the health-care provider will take care of all problems for a specified cost.

Lamb said while St. John's still would be interested in discussing collaboration on areas where agreement is possible and would be beneficial to the public.

However, Lamb said duplication of services is not a primary cause of the increase of health-care costs.

"We think our decision as far as obstetrics is concerned will help hold down costs," he said. "Our whole economy is based on competition."

FREEMAN HOSPITAL

Arthritis Center 'only one of its kind' in area

By JOHN HACKER

SENIOR EDITOR

For more than 70 years Freeman Hospital has been serving Joplin and the surrounding region with medical care and specialized services for people from birth to old age.

The hospital is a 220-bed facility with a number of specialized centers for medical problems such as arthritis, trauma, orthopedic problems, oncology, and many others.

One area Freeman is specializing in is care for those with arthritis and other disorders of the joints.

The Freeman Regional Arthritis Center officially opened on March 1.

"Our arthritis center is the only one of its kind in the area," said Sunny Drenik, coordinator of marketing at Freeman Hospital.

The center has a board-certified rheumatologist on staff. A rheumatologist specializes in the treatment of arthritis, diseases of the immune system, and disorders that cause pain and dysfunction of the joints, muscles, and bones.

Freeman has also developed an advanced neonatal intensive care unit for the care of seriously ill and prema-

ture newborn children. Joyce Forsythe, nurse practitioner at the unit, said more than 160 infants had been treated here since its opening in August 1993.

"With this unit we are able to keep more infants here instead of transporting them to Springfield or Kansas City," Forsythe said.

Most of the cases treated in the unit are premature infants or infants with respiratory problems.

"Prematurity and respiratory problems go together," Forsythe said. "We tell the parents [of premature infants]

they will go home about the time of the original due date. For an infant that is eight weeks premature, you are looking at a two-month long stay."

The unit

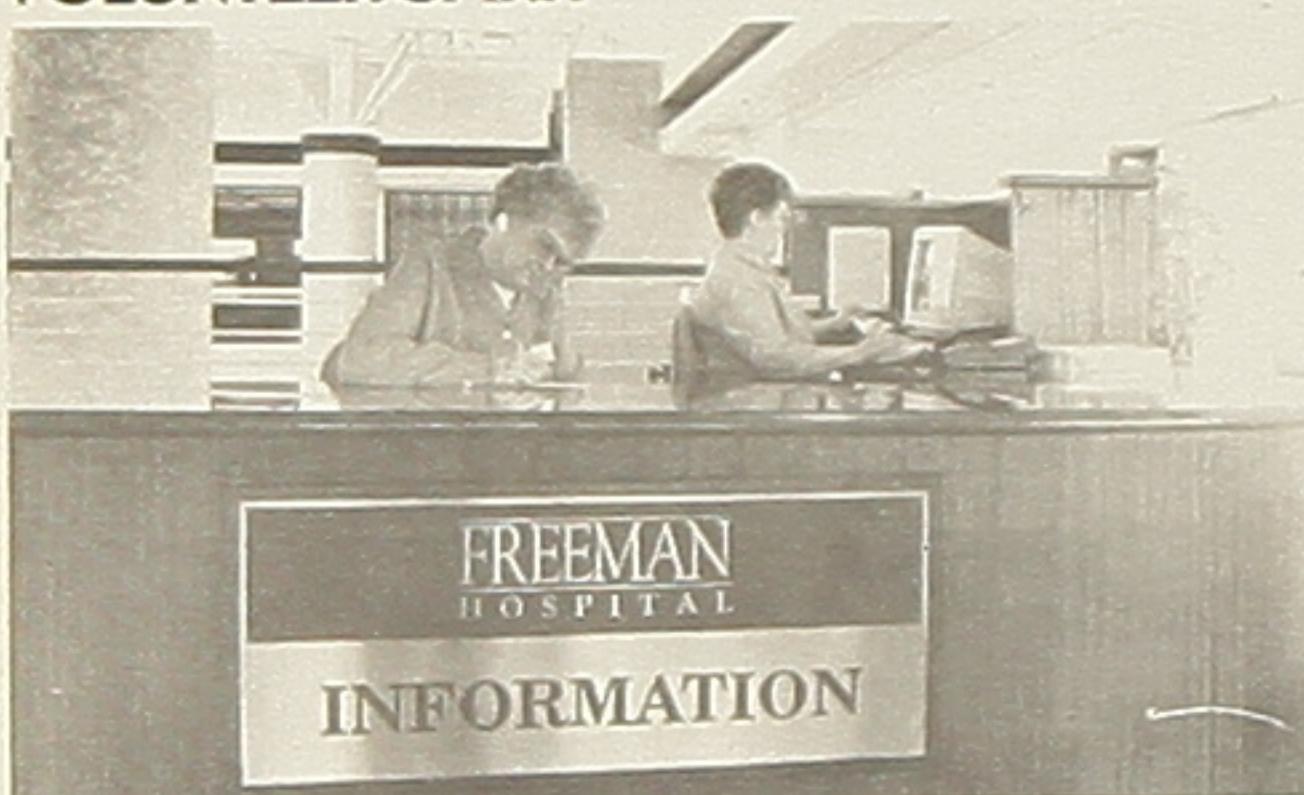
has nine beds plus a bed in an isolation ward. Forsythe said there have been as many as 13 infants in the unit at one time.

"You can't help but get attached to them," she said. "We spend a lot of time with the parents as well as the babies."

Freeman also operates an orthopedic mobile unit that is used at area sporting events, including sporting activities at Missouri Southern.



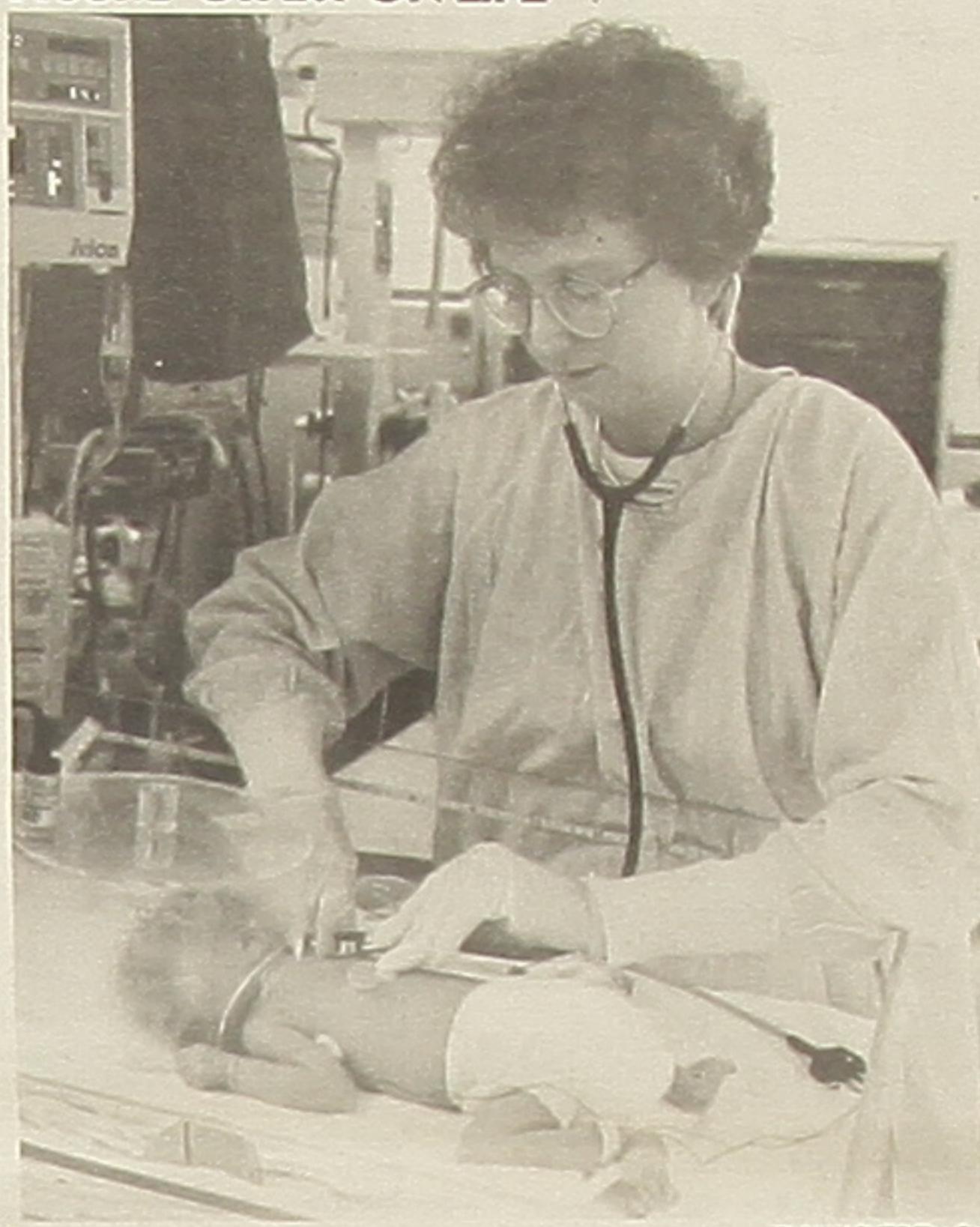
VOLUNTEER SPIRIT



JOHN HACKER/The Chart

Neille Lewis and Mary Ann Edwards, volunteers, run the information booth at the facility's main entrance. Administrators say volunteers are vital to running a hospital.

A JUMP START ON LIFE



JOHN HACKER/The Chart

Joyce Forsythe, nurse practitioner in Freeman Hospital's neonatal intensive care unit, checks the condition of an infant. This unit is the only one of its kind in this area.

"[The unit] has X-rays and treatments that may save a person a trip to the hospital," Drenik said.

Freeman charges no fee for the unit's services.

The hospital has developed the Freeman Clinic, which provides care for people with minor injuries and ill-

nesses as well as those with major problems.

"We've developed a hub that has an EMT (Emergency Medical Technician) who determines whether you go to the clinic or to the emergency room," Drenik said. "Usually there is about a five-minute wait in the hub."

FREEMAN NEOSHO

Merger reduces costs at Sale

By PAULA SMITH

CAMPUS EDITOR

In January, health care in Neosho and the surrounding area underwent a transition with the purchase of Sale Hospital Inc. by Freeman Hospital in Joplin.

"New name. Same commitment to quality health care" is the motto for Freeman Neosho Hospital in advertisements sent to area residents.

"This move combined the resources of two physician-oriented health-care institutions in southwest Missouri and effectively created the first multi-hospital merger in our area to complement the reform initiatives sweeping our country and state," the advertisement read.

Philip Willcoxon, assistant administrator of Freeman Neosho Hospital, agrees with this statement.

"The reputation of Freeman Hospital is that it is physician-oriented, physician-driven," he said.

Willcoxon said shareholders of Sale Hospital contacted Freeman 18 months ago about purchasing the hospital. He said there were four to five months of negotiations before the process began.

Dr. David McMillan, former Sale stockholder president, said the decision to sell the hospital was "multi-factorial." He cited the changes in health care, property taxes, and other factors of being a for-profit institution as reasons for approaching Freeman.

— Please turn to
NEOSHO page 8B

Oak Hill continues to serve

By KAYLEA HUTSON

EDITOR-IN-CHIEF

Oak Hill Hospital continues to provide in-depth services to the Joplin area.

Founded in the fall of 1963, the hospital was established to provide a location for doctors of osteopathy to serve patients.

"Over the years the differences have vastly decreased," said Stephen Smith, media coordinator. "DOs and MDs now go through similar training programs."

When Oak Hill Hospital was established, it had approximately 40 beds. It now houses more than 100 beds.

"In recent years we have focused heavily on out-patient care and out-patient surgery, OB care, and non-invasive cardiac care," Smith said.

One area which Oak Hill recently has developed is a skilled nursing unit. The unit, which opened Aug. 16, 1993, is designed to serve chronically-ill patients, often elderly, who have been discharged from the hospital but are not yet ready to return home. The 14-bed unit has direct access to physical therapy, occupational therapy, and other services.

The hospital-based skilled nursing unit is a new trend in health care. Older adults and their families can receive the close attention and support they need to deal with acute illnesses and prolonged recovery due to chronic health problems.

Pediatric cardiology is another specialty of Oak Hill. The Outpatient Pediatric Cardiology Clinic opens once a month to see infants and

toddlers who need cardiac care. Dr. James Shapiro cares for patients in this clinic.

Seventy percent of those treated have conditions related to heart murmurs, while other conditions include palpitations and chest pains.

Another area in the hospital is treating patients with sleep apnea and other sleep disorders. In order to determine if sleep apnea exists in a patient, a polysomnography must be performed under closely monitored conditions.

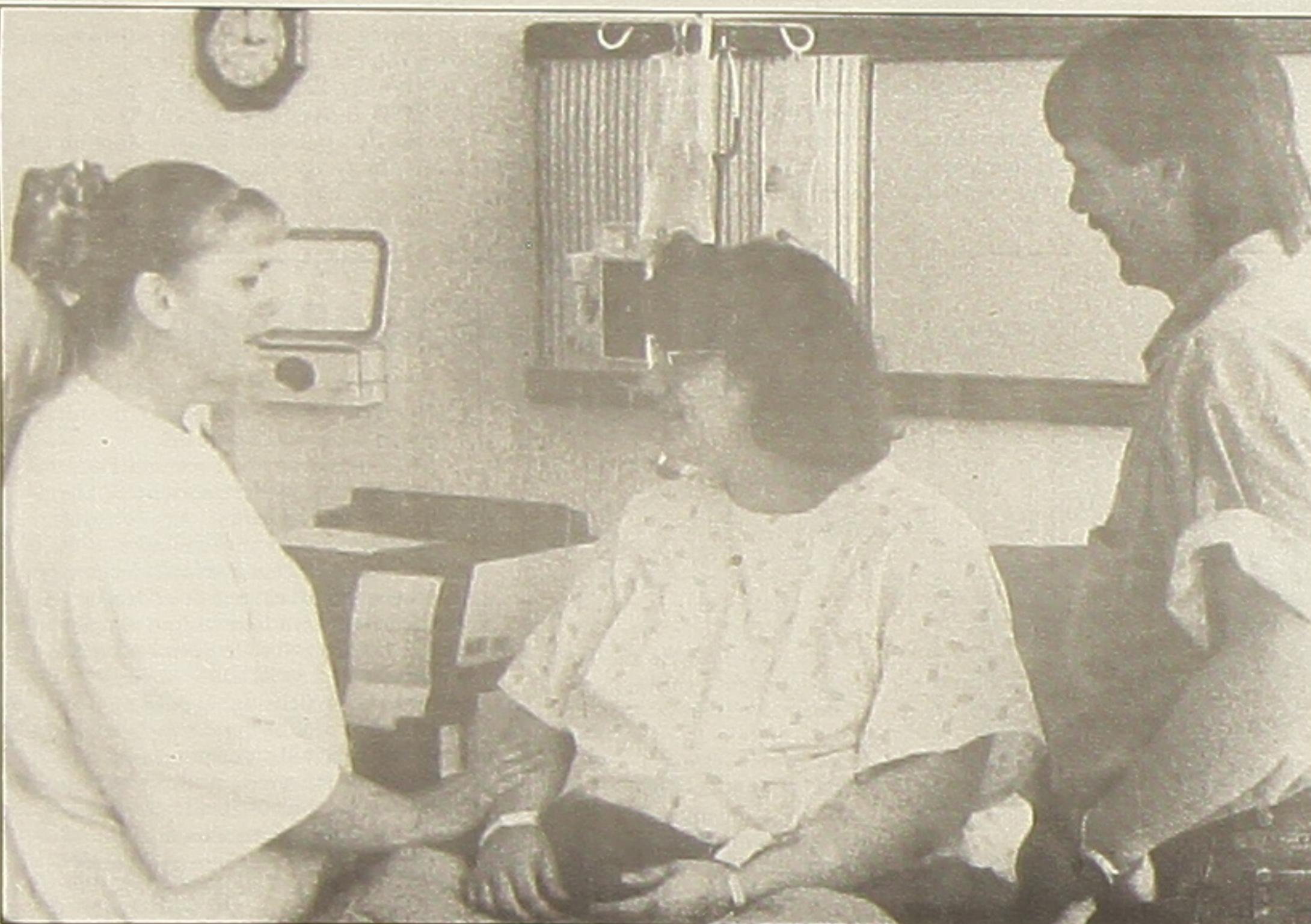
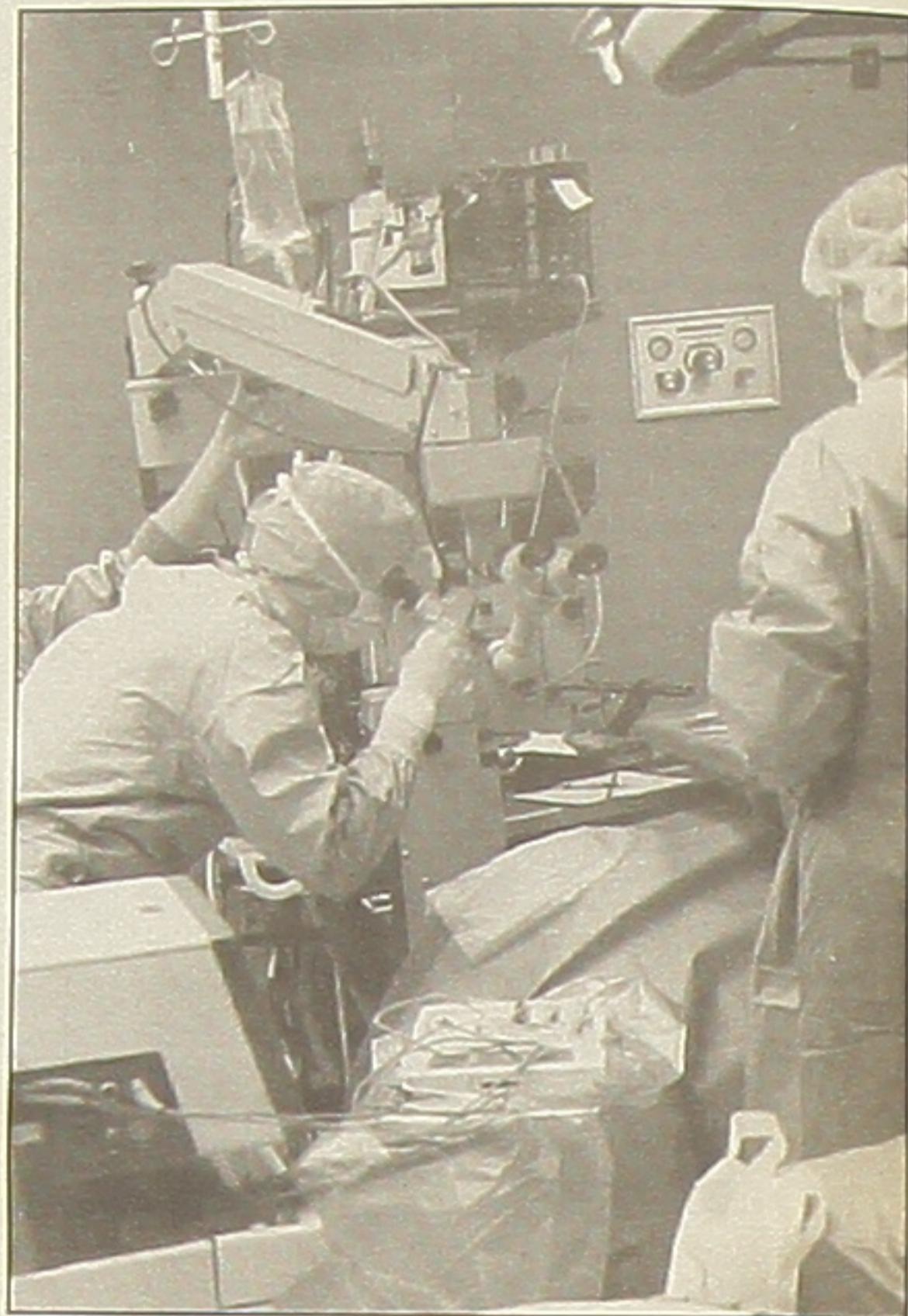
The clinic records four channels of electroencephalogram (EEG) to monitor the stages of sleep. An electro-oculogram (EOG) is performed to monitor eye movements which take place during certain sleep stages. The clinic also has a chin lead to monitor snoring and snoring arousals, which can change the normal sleep patterns.

An electrocardiogram (EKG) is done during the study, and airflow, ventilation, respiratory effort, and leg muscle activity are monitored. The results of the studies have an impact on what form of the treatment the individual will receive.

In addition to those areas, Oak Hill also contains a complete obstetrics center. It houses three birthing rooms, 12 beds for mothers, and an operating room for caesarean sections.

"It is a one-entrance department for security reasons," said Connie Casey, patient care manager for obstetrics and pediatrics. "We have a combination unit where nurses function in all four areas—labor, delivery, recovery, and postpartum care.

"We provide a smaller alternative for people who don't want a large department."



(Above): Doctors perform a recent laser surgery.

(Left): Chris King, R.N., helps prepare Richelle and Robert Hughes for the upcoming delivery of their child in the delivery room at Oak Hill Hospital. Hughes had a 9-pound, 20 1/2-inch boy named Robert Kyade last week.

ST. JOHN'S REGIONAL MEDICAL CENTER

Joplin 4th city in Missouri to offer transplant option

By CHAD HAYWORTH

ASSOCIATE EDITOR

On March 2, St. John's Regional Medical Center opened a new chapter in four-state healthcare services with the region's first-ever organ transplant.

"Our patients and their families have spent extensive time driving back and forth to Kansas City or other cities with transplant centers," said Dr. R. Robert Hatlelid, a Joplin nephrologist and member of the St. John's Regional Transplant Center Team.

"Now area kidney patients can be near their family and friends."

Joplin becomes only the fourth city in Missouri—along with St. Louis, Kansas City, and Columbia—to offer transplantation. St. John's established the regional transplant center after identifying a significant need for an organ transplant center in the four-state area. Currently more than 850 people in Missouri, Arkansas, Oklahoma, and Kansas are on national waiting lists for kidney transplants.

Joyce Canady of Galena, Kan., had suffered from End Stage Renal Disease (ESRD), and was in need of a transplant. Her sister, Patty Torix of Neosho, provided the kidney her sister had been waiting on for more than 16

months.

"We've been through a lot of experiences together, and I'm glad I was able to do this," Torix said.

The procedure requires two operations. The first, a living-related donor nephrectomy, is performed to remove a healthy kidney from the donor. Then a renal transplant is performed on the kidney's recipient.

St. John's can also do "cadaver" transplants, where the kidney of someone who has died is given to a person in need of a transplant. Those who cannot be matched to a living donor are put on a national waiting list until a donor organ becomes available. Statistics show that having a local transplant center can shorten the 18- to 24-month waiting period associated with most transplants.

Canady, who was released from St. John's March 9, is undergoing post-transplantation care.

"Even after a patient is discharged, they often stay near the transplant center for several weeks of intensive follow-up," Hatlelid said.

Canady said she had been blessed to be on the receiving end of her sister's generosity.

"I think it is great of Patty to have donated a kidney," she said.

HISTORY IN THE MAKING



Special to The Chart

Surgeons perform a kidney transplant on Joyce Canady earlier this month. The operation at St. John's was the first-ever organ transplant in the four-state area.



St. John's Regional Medical Center, 2727 McClelland Boulevard, is the home of the Regional Transplant Center, which performed the area's first-ever organ transplant March 2.

MCCUNE-BROOKS

Carthage hospital offers 'bread and butter'

McPheeters expects affiliation to be vital for health-care facilities

By P.J. GRAHAM

MANAGING EDITOR

Despite the trend of specialization in the medical field, Carthage's hospital, McCune-Brooks, is concerned with the mainstream needs of the population.

"We don't want to get into anything exotic," said James McPheeters, the hospital's administrator. "We want to remain bread and butter."

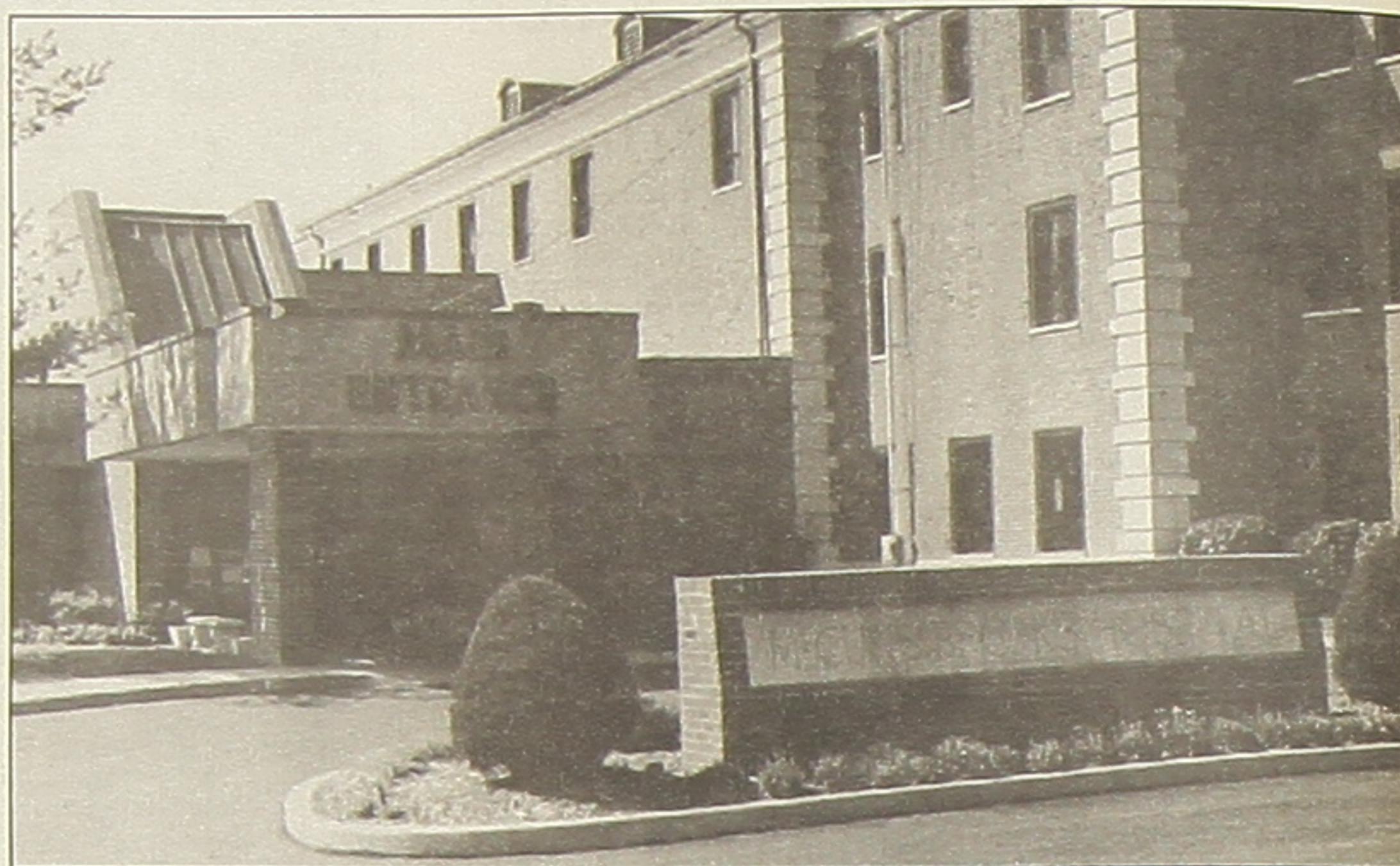
The hospital, with an overall staff of about 350, started at the beginning of the century as the Carthage Hospital Association. In the 1920s, Lizzie McCune donated funds to the city and challenged the city to match the funds to build a new hospital. The hospital is named after McCune and her nephew.

McPheeters said one of hospital's main concerns is affiliation; he said it would rather take care of basic medical treatments and refer people needing treatment outside McCune-Brooks' range to other hospitals.

"We've been approached by several different groups asking us to affiliate with them," McPheeters said.

To date, no hospitals have been chosen to affiliate with; McCune-Brooks is in the decision-making process. However, McPheeters said the hospital is bound to be quite selective in the process. He says another reason for such a move is competition.

"There's always pressure, because of mergers and new clinics, to protect your base of operations," McPheeters said. "That's why I say the need to



McCune-Brooks Hospital

affiliate will be great."

Some of McCune-Brooks' advantages include good, personal care; labor-intensive nursing services—or nurses spending more time with patients than the average hospital—and low cost, McPheeters said. The hospital was also the first in the area to have advanced life-support ambulances—where paramedics can start treatment in the field.

Over the years, McCune-Brooks has made more than five extensions with the most recent coming in 1991 to expand the emergency room laboratory

and radiology department. The emergency expanded from two rooms to nine rooms in the extension.

"It hasn't speeded it (the service) up," McPheeters said, "because the volume keeps increasing."

He is excited about other recent advances.

"We've got the only dedicated geriatrics-psychiatric unit in the area," he said. "It started in April. We feel like it's a needed service."

The hospital has also established a home-health service for those needing

professional care but not hospitalization.

Despite these steps forward, the administrator is worried about all the national talk of changes in health care.

"I don't think they've had enough input in the decision-making process," McPheeters said. "I'm sure it (the proposed national plan) is not going to be any better than what we have today."

"[Facing] the uncertainty of what's going to happen in health reform is going to be a major challenge. The rationing of health care is a distinct possibility."

By JESSICA HYATT

STAFF WRITER

An area health-care group recently joined with a national firm to provide health information to area businesses.

In November, the Ozarks Area Business Group on Health (OABGH) became a beta site for Health Care Investment Analysis (HCIA), one of the largest health-care data groups in the country.

Gordon Smith, president of OABGH, said his group sought a relationship with HCIA to improve its services to group members.

"Business coalitions generally have difficulty finding information on purchasing health care," he said. "We found HCIA. They had worked on the side of health-care providers, but named us the beta site because they realized they needed to get the infor-

mation out."

OABGH was established in early 1990 to create a competitive health-care market in the Ozarks based on high quality at a low cost. The group includes several area companies including Empire District Electric in Joplin and Tindle Mills, Springfield Remanufacturing Company, Litton Industries, and City Utilities in Springfield.

Arthur Petty, director of corporate services at Tindle Mills, said he is pleased with OABGH services.

These services include a special contract with Springfield Community Hospital to provide inpatient care on a per-diem basis, a discount prescription plan, and case management services.

"There are specific circumstances we might not want to leave to the employee," Petty explained. "They (OABGH) help patients to understand

diagnoses and provide information on special equipment the business might need.

"Recently we had an employee who had a severe head injury from an auto accident, and they negotiated a discount for rehabilitation services in Kansas City."

According to Sarah Asperger, director of managed care at Springfield Community Hospital, OABGH is also beneficial to health-care providers. The hospital provides a range of services to OABGH members, such as on-site health fairs and classes, package deals on mammograms and other preventive care, and service in the hospital's outpatient clinics.

"If they have something they need, we try to provide it," Asperger said. "We develop a relationship with businesses in the area, and they send their patients to us."

Ozark group hopes to stimulate competition

BARTON COUNTY MEMORIAL HOSPITAL

Rural hospitals face reforms with caution

By CHAD HAYWORTH

ASSOCIATE EDITOR

No one has to tell Dewey Smith America's health-care system could use an overhaul.

"I certainly believe that every American is entitled to quality health care," he said. "But honestly, when you start talking about reform, it scares us to death."

Smith, the administrator and CEO of Barton County Memorial Hospital in Lamar, said with more governmental control and regulations looming, many in the health-care industry are apprehensive.

"I would challenge any economist anywhere to explain to me how we are going to be able to do more for more people and charge less," he said. "We are looking at more regulations, which cost money to implement."

"Change is expansion and reform is change. I don't think our country is ready for socialized medicine, but when the government takes over and becomes the overseer of operations, it comes close to that."

Barton County Memorial Hospital is a 66-bed facility opened in 1948. Smith has been in Lamar nearly two years. Previously he held a similar position at a small hospital in Hermann, Mo.

Smith said health-care reforms could be more detrimental to small rural hospitals than those in metropolitan areas.

"In a small rural hospital it's difficult to know what the answers are," he said. "We don't always have the ability to sit down with experts and say 'Let's come up with a solution.'"

Smith said one of the most complicated area is the ever-increasing governmental regulations with regards to Medicare and Medicaid.

"Eighty percent of our income is from people who tell us what they will pay for our services," he said. "We can raise our charges until the cows come home, but it won't do us any good."

Smith said any procedure a hospital might perform is given a diagnosis-related group payment schedule code. The DRG establishes the average hospital stay and cost for 467 different types of medical procedures. Any additional expenses must be covered by the hospital.

"The problem is the DRG doesn't take into account three things: the intensity of care, the degree of illness of a patient, and the doctor's practicing habits," he said.

"If it costs us more to do a procedure than what the DRG says it should, we have to eat that cost. We are regulated to accept what Medicare pays us as payment in full."

In 1993, BCMH had to underwrite more than \$3 million that DRG payments would not cover.

Smith said being required to purchase new and updated equipment often puts a strain on his budget, which is strapped to begin with.

"Recently we had to spend \$56,000 to purchase a new mammography machine," he said. "Our other one was not even five years old, but it had a radiation dosage that was too high, under some new federal guidelines."

The old mammography machine is nearly worthless, Smith said.

"We really get caught in the crossfire of trying to be able to provide the women in our community the safest procedure possible and finding a way to pay for it," he said.

Smith said the hospital will give the old mammography equipment to a local doctor who is going on a medical mission in South America.

CAUGHT IN THE CROSSFIRE



CHAD HAYWORTH/The Chart

Barton County Memorial Hospital administrator Dewey Smith stands next to an unusable mammography machine. Although the machine is only five years old, federal regulations now make the machine essentially obsolete, he said.

RURAL HEALTH CARE

Services often difficult to find outside urban areas

By HEIDI WEAVER

STAFF WRITER

Finding convenient health care can be difficult for those living in rural areas, but several local agencies are working to overcome the predicament.

"Accessibility to health care is the biggest problem," said Marsha Brown, director of public relations, marketing, and education at Freeman Hospital.

Brown said Freeman recently purchased a van equipped for medical care and X-ray.

"The van is used mainly for school children," she said. "We also plan to

use the van for senior citizens."

Freeman also brings in pediatric specialists periodically to serve rural clientele who are unable to travel to other regional hospitals.

Another agency working to improve rural health care is Joplin's Mercy Regency Health Foundation, which won a national award from the 3M corporation for innovations in health care.

"We work with local and regional health care and service organizations," said Merle Allen, executive vice president and CEO of Mercy Regional Health Foundation.

MRHF has provided defibrillators for ambulances, Jaws of Life equipment,

lighting for helipads, and other necessities including rural health screening.

"Ambulances would go to heart attack victims and have no way to revive them," said Allen, speaking about defibrillators.

This assistance does not come cheaply, and fund-raisers like "Blast from the Past" are one way MRHF raises funds.

"All of our money comes from donations and fund-raisers," Allen said. "We have a grant committee of about nine people who review the request and decide where the greatest need is."

Allen said MRHF works with local governments through matching funds

to pay for needed equipment.

"We do pay 100 percent if the need is there," he said.

MRHF also works with St. John's Regional Medical Center in assisting with rural health care.

"We have primary clinics that we own in Neosho, Baxter Springs [Kan.], and Oswego [Kan.]," said Ken Foster, vice president of planning and marketing for St. John's. "We also have home health and hospice in Oswego, Baxter Springs, Anderson, and Grove [Okla.]".

Foster said St. John's also has continuing education programs for nursing and other support staff, including advanced life support training.

HOME HEALTH CARE

Elderly main users of service

Oxford Health Care, Quality of Life offer patients treatment in familiar environment for lower cost

By P.J. GRAHAM

MANAGING EDITOR

Healing in the home may seem like a new idea, but some professionals in the field believe it to be a return to the way health care used to be—with better medicine.

Charles Goforth, president of Oxford Health Care, said 100 years ago people were rarely in the hospitals and that the return to this style of healing is not surprising.

"People prefer to be home," he said. "The very, very sick people stay in the hospitals, and those who are not as sick

can be taken care of at home.

"That's the future, and it makes sense."

Another Joplin service, Quality of Life, agrees for different reasons. Loretta Wright, owner of the service and a registered nurse, says many patients like being home to keep on top of things.

"They have the ability to know what's going on with their family; they can take care of their bills," she said.

Wright also said many elderly patients can be saved trauma by being taken care of at home.

"If they lose that [being at home],

even for a short time," she said, "they may suffer from disorientation or even depression."

Another reason supports the growth of such treatment. Goforth said it makes sense because medical attention at home is cheaper than at the hospital.

"The hospital has all the overhead—

66 *The hospital has all the overhead—the building, the staff. They have to charge a lot to put a patient in that room. There's a real cost-containment to home health care.*

—Charles Goforth, Oxford

the building, the staff," he said. "They have to charge a lot to put a patient in that room. There's a real cost-containment to home health care."

Reductions of up to one-third the hospital price can be accomplished by home health care, Goforth claims. Some of the services Oxford, located in Springfield and Joplin, can provide include therapy, IV drugs, other health care, and even running errands.

"The services range from very basic help at home to the spectrum of a young baby at home on a ventilator that needs 24-hour service," Goforth said.

Quality of Life offers similar services, including doing shopping and attending to personal grooming, depending on whether the service is funded by the patient, Medicaid, or Medicare. Wright, who began the service in 1990, says the area is growing.

Oxford, in its 20th year, serves approximately 3,000 people a week. So far, the numbers have been growing for this type of treatment, especially for the 70s-to-80s age bracket.

"That is the fastest-growing age group," Goforth said. "It's happening all over the country and it's growing about 20 percent a year; we're growing just a little faster here [in that age bracket]."

Insurance agencies are helping to push this trend, he said.

"When they see a patient using a lot of health care dollars," Goforth said, "they look for other ways to treat that patient. Because of the savings, it really is driving that [trend]."

And Goforth sees no lack of quality on the part of home health care compared to hospitalization.

"The people we're serving are sicker than they have ever been because we're taking them out of hospitals quicker," he said.

Wright said Quality of Life also plans to expand and hopes to do it well.

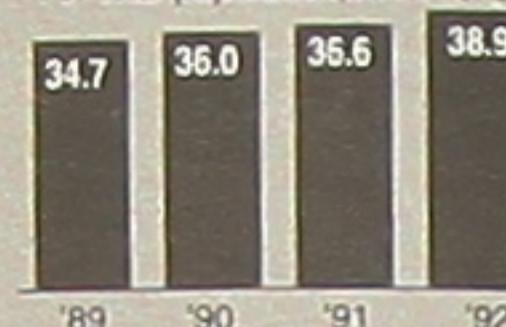
"We want to grow and make a difference for the elderly we are lucky enough to serve," she said.

Is there a health care crisis?

Though there are more uninsured Americans and health care expenditures are rising, the inflation rate for health care is at a 20-year low:

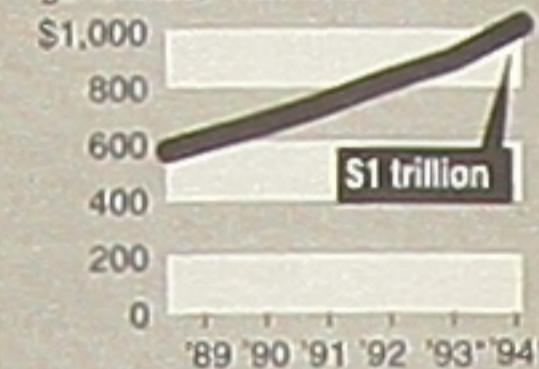
Uninsured

For total population, in millions



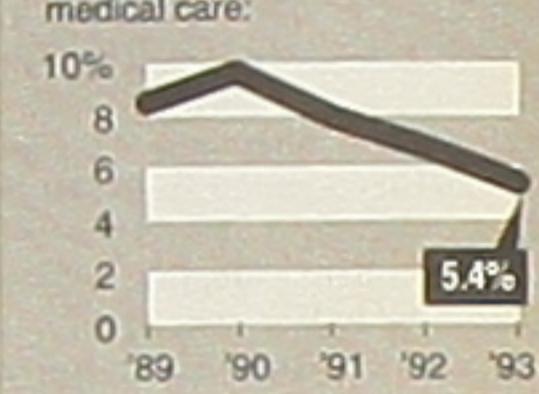
Expenditures

Money health care industry generated, in billions:



Inflation

Annual percent change in Consumer Price Index for medical care:



*Estimate
SOURCES: Commerce Department, Bureau of Labor Statistics, Employee Benefit Research Institute

Knight-Ridder Tribune/JUDY TREBLE

NEOSHO, from page 3B

"The hospital paid \$50,000 in property taxes per year to the county," McMillan said.

Since becoming Freeman Neosho Hospital, the hospital is tax-exempt because it is now not-for-profit. This will allow the hospital to refinance its debt at a significantly lower interest rate, McMillan said.

Willcoxon said the doctors were overworked dealing with the running of the hospital along with their practices.

Now that Freeman has taken over, the doctors have to deal only with the paperwork pertaining to their patients.

During the next few months the hospital will install computers to ease the paperwork load, make bill paying easier for patients, and improve communication between departments.

"With better communication between the departments comes better communication with the patients," Willcoxon said.

The focus of Freeman Neosho will be primary care with an easier transition to Freeman Hospital in Joplin for tertiary care, Willcoxon said. There are plans to expand the services available in Neosho, he said.

"I think in the future we'll have more services, but I can't put my finger on one right now," he said.

The hospital has retained the staff and physicians from Sale. For that reason, as well as the efficiency of the operation, Willcoxon said the transition has been smooth.

"It helps when you have a well-oiled machine to work with," he said. "We think that the physicians have done an excellent job of running the hospital."

"I've been here two and a half months, and I feel very comfortable with the institution at this point."

McMillan agreed with Willcoxon.

"Considering the magnitude of the change, it's gone relatively smooth," McMillan said.

TRI-STATE HEALTH CARE

Coalition involves 24 members, plans to fight exuberant prices

By JENNIFER CAMPBELL

STAFF WRITER

Reducing health-care costs is the goal of the Tri-State Health Care Coalition.

The coalition was formed about 18 months ago, said Paul Kahn, vice-chair of the coalition.

Its basic purpose is to combat the rising health-care costs by combining area business resources and insurance.

"Basically, it was formed because there were a large number [of employees and employers] that needed health care," Kahn said. "We felt like the prices we charged were higher than they should have been."

More than 24 area businesses are members of the coalition.

"We (the coalition) represent the buy-

ing power of about 20,000 people, including employers and employees," Kahn said.

Tri-State has two-year contracts with both St. John's Regional Medical Center and Freeman Hospital.

"Most of our major costs come from inpatient-health care," Kahn said. "What we basically did was to say 'If we send 200 patients to your hospital, what kind of discount will you give us?'"

Currently, the contract discount is limited to only basic hospital services, but the coalition would like to try to get volume discounts for labs, pharmacies, anesthesiologists, and other additional services.

"The contracts seem to be working well," Kahn said. "We would like to expand, but the contracts are limited."

PHARMACEUTICALS

Cards helping businesses

By PAULA SMITH

CAMPUS EDITOR

Pharmacies have undergone many changes in the last 20 years. The business has gone from independent stores to chains with computers revolutionizing the modus operandi.

Prescription coverage from insurance companies is another factor changing the way pharmacies conduct business. Colleen Holt, registered pharmacist and manager of Wal-Mart Pharmacy in Neosho, said insurance coverage of prescriptions through cards is a new phenomena.

"When I started out in pharmacies, there were very few insurance cards," Holt said. "If an insurance company covered a prescription, the patient

would pay the pharmacy and then submit a claim to the insurance company."

Holt, a pharmacist for 18 years, said prescriptions cards have become trendy.

"In the last eight years, there's been a rapid increase in what they call carriers of insurance programs," she said.

Holt said with the computer link between the pharmacy and the insurance companies, patients do not have to complete any paperwork to file a claim on their insurance. With some companies, when a certain deductible is met, the insurance will cover a percentage of the prescription.

"There is less paperwork for both the

— Please turn to
PHARMACY, page 10B



U.S. health care statistics vs. other countries

Americans spend more on health care than people in other industrialized countries, but they don't live as long. How the U.S. compares:

	U.S.	Canada	Germany	Japan
Health spending per capita	\$2,867	\$1,915	\$1,659	\$1,267
Spending as percent of GDP	13.4%	10.0%	8.5%	6.6%
Life expectancy at birth	Women 78.8 yrs. Men 72.0 yrs.	80.4 yrs. 73.8 yrs.	79.0 yrs. 72.6 yrs.	81.9 yrs. 75.9 yrs.
Doctor visits per year	5.5	6.9	10.8	N.A.
Average hospital stay	9.1 days	13.9 days	16.5 days	50.5 days
Average doctor earnings	\$155,800	\$84,921	N.A.	\$45,160
Percent of population covered by public health plan	44%	100%	92%	100%

SOURCE: Organization for Economic Cooperation and Development

*Not available

Knight-Ridder Tribune

DAVID MCMILLAN

Area doctor against widespread reform

Former hospital head claims past changes have proven harmful

By PAULA SMITH

CAMPUS EDITOR

Widespread health-care reform is unwanted by some people in the health-care industry. Dr. David McMillan, former president of Sale Hospital, Inc., which was sold to Freeman Hospital, is one of those people.

"It is my opinion that the deficit and the government's involvement in health-care reform follow each other," McMillan said.

When one looks at the amount of involvement the government has had in the health-care industry, the deficit can only increase with the more government involvement in health care, McMillan said. He said he is concerned

government subsidies will hurt the industry and the quality of health care.

"The government's involvement will bring health care down to mediocrity or below and bankrupt the system," McMillan said.

He cited the changes occurring in the health-care industry as one of the factors in the decision to sell Sale Hospital to Freeman. As a for-profit institution, the hospital did not accept Medicaid patients unless there was an emergency. Sale Hospital was taxed under the FRA tax which affects hospitals who do not take Medicaid patients. The hospital was also charged \$50,000 in property taxes each year.

McMillan said demands to take care of people without "proper compensation" was a factor in deciding to sell the hospital to Freeman.

Now that the hospital is a not-for-profit institution, it is not taxed and it accepts Medicaid patients.

McMillan said he has seen many changes in the health-care industry. When he first became a physician, people

who could not pay for a service were helped on a charity basis. Because the doctor would not be compensated for the care he or she provided to a charity patient, the doctor might not have provided as much service as to someone who was a paying customer, McMillan said. That was changed with the health-care reform of the 1970s. Governmental agencies started paying for the care and expected everyone to be treated equally.

McMillan said federal programs like Medicare and Medicaid have standardized amounts they will pay for procedures. Any cost overruns must be absorbed by the hospital.

"You're going to pay for these people through taxes or increased fees as a person from the private sector," he said. "It's way out of whack."

He said Medicaid has put price freezes into effect, meaning the state will pay only a certain amount for a service a hospital provides. McMillan said hospitals charge more to people with insurance who have less regula-

tions on payment.

"That's how the system was set up," he said. "It's part of the government charade."

To get payment for services, hospitals have changed the format or titles given to a service.

An example, he said, is outpatient services. The patients receive the same care as those who chose to stay in the hospital. The only difference is they do not eat their meals or sleep at the hospital. He said names of programs also have been changed to accommodate insurance companies' covered services.

"We keep the patients in the same hospital in the same beds; we just changed the name of the service," McMillan said.

He said the way to cut cost in health care is to reduce the number of specialized physicians and services. But the quality of care would suffer, he said.

"People want that kind of care but don't want to pay for it," McMillan said.

would be great if it could be a reality.

"I don't think we will wind up with a strong national health plan," she said.

The health-care profession is also worried about a new plan because the old plan of Medicare and Medicaid has hurt health-care providers.

"I'm not looking forward to it," said Leslie Ellefson, office manager of Southwest Missouri Bone and Joint, Inc. "Hospitals close doors because of Medicare and Medicaid."

Alain Enthoven, management professor at Stanford University, is critical of the plan as well.

"The Clinton plan puts the federal budget at enormous risk and will result in huge tax increases," he said.

By WILLIAM GRUBBS

STAFF WRITER

Socialized medicine may be the answer to some people's prayers, but many insurance companies are starting to worry.

"We see a one-sided crisis," said Randal Kraft, American National Insurance agent. "The worst thing that could happen is socialized medicine."

Not only is Kraft concerned with the abuse of the current system, he says he is disturbed by the possible new one.

"National health insurance is the compassion of the IRS and the efficiency of the post office at Pentagon prices," he said.

Other companies have their own views as well. John Palmieri, an agent for Aetna Insurance, said all insurance companies agree on some type of reform but maybe not the proposed plan.

"I don't foresee the plan working," he said. "I don't see an agreement and I don't see it happening in America."

Insurance companies are working for lower rates and better health care, according to one agent.

"We need more affordable insurance," said Anne Bergen, of American Family Insurance. "Priorities are important."

Bergen, a single mother of teenage children, knows first-hand what high insurance rates are like. She said a health-care plan that covered everyone

Insurance agencies worry over proposals

-PRICE COMPARISONS-

Joplin's hospitals higher than most

Cost to view colon is \$100 at Oak Hill, but \$1,443 at Freeman

Freeman Hospital and Oak Hill Hospital are among area medical facilities with consistently high charges, according to *Buyer's Guide: Outpatient Procedures*, published by the Missouri Department of Health.

Early in 1993, Missouri hospitals and ambulatory surgical centers (ASCs) were surveyed to find out their current charges and number of cases for selected outpatient procedures. The survey responses were to reflect information as of Dec. 31, 1992.

Hospitals and ambulatory surgical centers were asked to provide information based on all facility charges associated with treatment—from patient preparation and performance of the procedure through recovery.

Key findings included:

- Springfield hospitals have lower charges than Joplin hospitals.
- The lower charges in Springfield and Joplin occur among the larger hospitals.

• Charges in southwest Missouri are lower than in other parts of the state.

Freeman Hospital was cited for consistently high charges in the following areas: eye operations; ear, nose, and throat procedures; musculoskeletal operations; endoscopic procedures; nervous system operations; and magnetic resonance imaging.

Oak Hill Hospital was cited for consistently high charges in the following areas: eye operations; breast procedures; gynecological procedures; digestive/urinary procedures; ear, nose, and throat procedures; musculoskeletal operations; and cardiovascular operations.

St. John's Regional Medical Center

was cited for only one consistently high charge: endoscopic procedures.

Oak Hill was mentioned for consistently low charges in two areas: magnetic resonance imaging and other diagnostic procedures.

Buyer's Guide: Outpatient Procedures also includes facility charges for 27 hospitals and ASCs in southwest Missouri. For eye operations, Freeman's charge of \$3,300 ranked second-highest in the region, behind the \$3,787 charged by Springfield Community Hospital. Oak Hill's price was listed at \$3,501.

For hernia repair, Barton County Memorial Hospital in Lamar was highest with a cost of \$3,830. Oak Hill charged \$2,740, Freeman \$2,435, and St. John's \$2,030. Barton County was also highest for gall bladder removal at \$7,639.

Oak Hill was highest for surgical correction of a deviated nasal septum at \$4,153. St. John's fee for the operation was \$2,364; Freeman charged \$2,212. Oak Hill also had the highest fee for a hammertoe correction at \$3,612.

Freeman's fee of \$1,443 for viewing the sigmoid colon using a scope was the most among the 27 hospitals and ASCs. By comparison, Oak Hill's price of \$100 for the same endoscopic procedure was the lowest. St. John's charged \$467.

For a screening mammography, St. John's was the lowest in the region at \$23. Oak Hill charged \$60, Freeman \$50, and McCune-Brooks \$47.

Barton County Memorial Hospital led the region in charging \$3,430 for a tubal ligation. Texas County Memorial Hospital was lowest at \$941.

Copies of the report are available by sending \$3 to the Missouri Department of Health, P.O. Box 570, Jefferson City, MO 65102. The telephone number is 314-751-6279.

-PHARMACY, from page 9B-

patient and the insurance company," Holt said.

In other instances, an insurance company will have a co-payment for a patient sometimes at a certain dollar amount or by a certain percentage. She said the remaining charge for the medicine will be paid by the insurance company.

"The insurance picks up the rest and pays directly to the pharmacy," Holt said.

Insurance companies have prices they believe should be charged for a drug, and if the amount from the pharmacy exceeds that price, the pharmacy will receive only what the company

determines as an acceptable price.

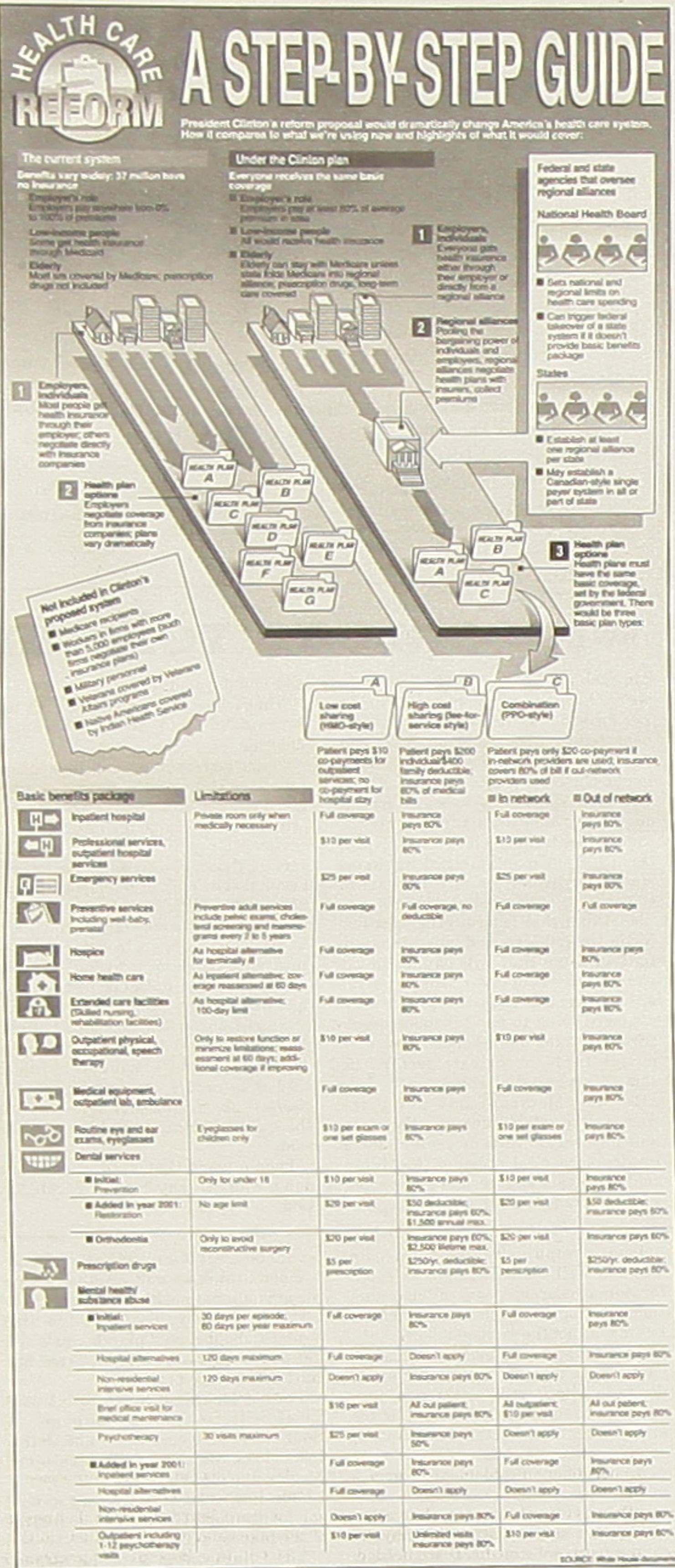
"Reimbursement depends on the formula set by the insurance company," Holt said.

She said prescription cards are beneficial to patients and pharmacies.

"The cards are very helpful to the patient because they are able to get medication at a better price that they can afford," she said.

By accepting many different prescription cards, a pharmacy may increase its business, Holt said.

"I think you have a broader base of people you can draw from if you accept many different insurance plans," she said.



HB 1622

Carnahan, Griffin seek health-care reform

Supporters claim changes possible without tax hike

By T.R. HANRAHAN

ASSOCIATE EDITOR

If state leaders have their way, virtually every Missourian will be brought under the health care umbrella.

According to figures from the Missouri State Census Data Center, nearly 600,000 Missourians are without health insurance. House Speaker Bob Griffin (D-Cameron), sponsor of House Bill 1622, the Missouri Health Assurance Plan, is trying to solve that problem.

The plan has been publicly endorsed by Gov. Mel Carnahan.

"My plan will give everyone insurance who wants it with no tax increase on our citizens," Griffin said. "It will cut

the runaway cost of health care and still allow citizens to go to the doctor or hospital of their choice."

The measure, now pending in the House science, technology, and critical issues committee, seeks to increase Missourians' access to quality health care.

"The governor, Dr. Coleen Kivlahan (Department of Health director), Jay Angoff (Department of Insurance director), and I have worked together to put all the concepts on the table and develop a balanced, effective, and innovative approach to health-care reform," Griffin said.

Carnahan said the plan will help bring health-care costs under control, ensure persons of coverage if they get sick or change jobs, and expand access.

Griffin said the plan is necessary to keep Missouri out front on the issue of health care.

"The health-care industry has not demonstrated that it has the will or the capacity to regulate itself," he said. "We know health-care reform is coming, whether it be reform which we tailor to fit our individual state's needs or reform completely mandated by the federal government.

"We need to roll up our sleeves and get to work on our own plan."

Under Griffin's plan, health-care providers would be organized into "integrated service networks" (ISNs). These networks would combine the current functions of health-care providers and insurers and offer primary, acute, tertiary, home-based, and mental health services as part of a standard benefits package.

The plan would base rates on a community rating formula. Under community rating, ISNs would charge basically the same rates to all residents of a community with only a short-term modification for age. The bill also seeks to eliminate discrimination on gender, occupation, and preexisting conditions when rates are set or Missourians apply for coverage.

Another aspect of the plan is open enrollment. Under this provision, insurers must accept all Missourians who apply during a 30-day period each year.

Carnahan said he thinks the plan has a good chance of becoming law this session.

"I think the biggest advantage with this plan is its balance," he said. "We have worked with people on all sides, and I think we have a solid proposal."

HB 564

Increased access component of bill

Schools permitted to become Medicare providers

By ERIN HOLLAND

ARTS EDITOR

One Missouri lawmaker wants to ease access to health care for the state's children.

House Bill 564, introduced by House Speaker Bob Griffin (D-Cameron) and passed last year, focuses on school-age children and gives them access to health care free of charge. Griffin introduced the bill with hopes of reaching all children in Missouri.

"This bill allows schools to become Medicaid providers to all children 19 and under," said Robin Rust, program development specialist for Missouri. "This program is already growing by leaps and bounds."

The bill itself will provide approximately 2 million new points of access for more than 600,000 Missourians of which 350,000 are children.

Currently, schools are not legal providers of Medicaid and do not receive any state aid in that form.

With the new system, a school, public or private, submits a list of the birthdays and the Social Security numbers of the entire student body. This list is then turned over to the Medicaid database, which looks up the eligibility of each child. A list is then sent back to the school that lists the Social Security numbers of all qualifying candidates.

"A family must be under the 200 percent poverty level to receive this ser-

vice," said Michele Wells, a registered nurse in the state of Missouri. "Right now it is hard for Medicaid recipients to find doctors who take Medicaid, and if they do find them they are hard to keep."

Independent Service Networks are a big part of this new system. ISNs would be based in each community and would pay a flat fee to each physician for each Medicaid recipient he or she treats. Service then would be unlimited on that patient for the agreed-upon period of time.

"This is a far-reaching bill—it's very exciting," Wells said. "It is still being worked on; we see things that we didn't see the first time through."

"It's still always being fixed for improvement."

With this bill, ISNs will become responsible for the health-care status of the community in which it is located.

"The main players in the ISN network will be HMOs (Health Maintenance Organizations), hospitals, and insurance companies," said Cynthia Hayes, program manager for Missouri school base services, division of medical services. "There are three levels that will be focused on in Missouri schools—direct services, case management, and primary care."

Each of these levels stresses different care issues. With direct services, many ineligible Medicaid recipients are exempted from Medicaid regulations.

Case management offers the EPS/DT

Medicare fees to doctors changed

A new national Medicare fee schedule adjusts reimbursements for doctors' services over five years, beginning in 1992. Some examples:

Fee changes, by specialty

A look at how the change affects selected medical specialties:

Increased reimbursements

Optometry	20%
General practice	17%
Family practice	15%
Chiropractic	12%
Podiatry	6%

Lowered reimbursements

Ophthalmology	-11%
Anesthesiology	-11%
Gastroenterology	-10%
Radiology	-10%
Pathology	-10%
Neurosurgery	-10%
Cardiology	-9%
Orthopedic surgery	-8%
Plastic surgery	-8%
General surgery	-8%

SOURCE: Health and Human Services Department

Changes, by type of operation

A look at how the change affects selected operations:

Average payment, 1991	
Payment schedule, 1992	\$2,105
Payment schedule, 1996*	\$1,772

Totally replacing hip joint

	\$2,105
	\$1,772
	\$1,697

Coronary arteries bypass

	\$3,178
	\$2,726
	\$2,225

Inserting heart pacemaker

	\$811
	\$694
	\$575

Removing cataract, inserting lens

	\$1,342
	\$1,151
	\$941

* Figures do not include expected annual inflation adjustments between 1992-96

KRTN Infographics

screening program and requires schools to enter into an agreement with the state.

Primary care ensures that all children are seen by attending physicians and receive the medical care needed.

"This is a very exciting time with health-care reform," Wells said. "This

bill is very much alive and dynamic."

Missouri is emulating Tennessee with this approach to reform.

"We are learning from Tennessee's mistakes and its gains," Rust said.

The state is hopeful this program will be accepted within this fiscal year and be implemented next year.

MISSOURI DEPARTMENT OF HEALTH

By COLEEN KIVLAHAN, M.D., M.S.P.H.
DIRECTOR, MO. DEPT. OF HEALTH

As director of the Missouri Department of Health, I have many opportunities to travel around the state and listen to Missourians' concerns and ideas about our health-care system. I have found that most Missourians want meaningful health reform that will result in greater security and affordability.

Health-care costs have been skyrocketing out of control, making it difficult or impossible for hundreds of thousands of Missourians to afford quality health care. Many Missourians are being denied health-care coverage because of preexisting health conditions. And too many Missourians are losing their health-care coverage because they have become sick, have changed jobs, or have lost their jobs.

In fact, under our present system, more than two-thirds of private health insurance policies refuse to cover pre-



Kivlahan

existing and chronic conditions, and three-quarters have lifetime limits that cut off coverage for serious and expensive illnesses.

Gov. Mel Carnahan and Speaker of the House Bob Griffin have developed the Missouri Health Assurance Plan, which would fundamentally reorganize the way health care is delivered in the state. The plan requires no tax increase and does not include any employer mandates. And while it is not a universal-access proposal, it does extend access to quality health care to many people who do not have it now.

We believe the plan has many advantages for Missourians. Under the plan:

- You cannot be denied health insurance because of a preexisting condition or because you have lost your job, changed jobs, or have become sick.

- You cannot be charged higher rates just because you have a preexisting condition, become sick, or are elderly. Everyone will be guaranteed the same rates for the same coverage.

- Health insurance costs for small businesses will go down because small businesses will have the same bargaining power as large corporations in negotiating with insurers for low

health insurance rates.

The plan will help contain health-care costs that now are skyrocketing out of control. The plan achieves most of its objectives by restructuring the health insurance market to make it more competitive. The increased competition and greater reliance on free-market forces in the health-care industry will keep costs in check.

The plan has other provisions to make quality health care available to more Missourians. Many parts of Missouri are dealing with a shortage of primary health-care providers. There are 64 areas in Missouri where people have less than adequate access to primary health-care providers. These areas include 50 counties, five partial counties, and nine urban areas—well over half of our state.

The plan seeks to make primary-care doctors more readily available throughout Missouri. The Missouri Health Assurance Plan includes incentives for health-care providers to locate in under-served areas and for medical schools to recruit and train more primary-care physicians.

In order to assure the safety of Missouri citizens' housing, workplaces,

food, and water, and to help protect the environment, the bill would give the Department of Health and local health departments a clear legislative mandate to provide core public-health functions for the state. In addition to assuring the safety of communities' housing, workplaces, food, and water, the department would be responsible for activities to control the outbreak of disease, would work to improve emergency preparedness, and would set public health standards.

In addition, Gov. Carnahan is seeking a waiver from the federal government that will allow Missouri to fundamentally reorganize its Medicaid program, to give the state the flexibility to design a program that can control costs while becoming more responsive and comprehensive to people most in need.

The Missouri Health Assurance Plan, working along with the proposed Medicaid waiver, would create an improved health-care system for Missouri's families. As the proposal is heard and debated in Jefferson City, I hope you will make both your support and concerns known.

MISSOURI DEPARTMENT OF INSURANCE

House Bill 1622 gives reforms for insurance

By JAY ANGOFF

DIRECTOR, MISSOURI DEPARTMENT OF INSURANCE

House Bill 1622—the Missouri Health Assurance Plan—proposes basic reforms in the state's insurance market that restore fairness and simplicity to our health-care financing system.

Simply put, this proposal by House Speaker Bob Griffin and Gov. Mel Carnahan guarantees the right of Missourians to buy affordable health insurance—regardless of their age, preexisting or chronic conditions, gender, occupation, and other discriminating factors now used to reject applicants or require unreasonable rates.

The reforms will require insurers to return to their once-basic premise: spreading risk for health-care costs among the largest possible pool of people.

Until the 1960s, this system of "community rating" prevailed, with all persons generally paying the same rate for the same coverage. But insurance companies began trying to increase their profitability by screening out the worst risks and attempting to cover only the



Angoff

healthiest Missourians.

The result: those Missourians who need coverage the most are most likely to have none. Tales and fears of lost coverage abound among our families, friends, neighborhoods, and co-workers as more than 600,000 Missourians spent all of last year without insurance.

The reforms in HB 1622 are largely copied from one of the few nationally recognized successes in health-care financing: Rochester, N.Y. There, 90 percent of residents have community-rated health insurance policies.

Rochester has an uninsured rate of only 6 percent, compared to a national average of 14 percent. Businesses, large and small alike, buy coverage for workers at one-third less than the national average. Local businesses, labor, and insurers are fervent advocates of this system, which the U.S. General Accounting Office gives high praise.

The Missouri reforms provide for:

- **Community rating.** Insurers generally would charge the same rate to all persons, based on five regions or "communities" of the state. Community rating eliminates the pricing discrimination now directed at older Missourians, all adult women up to age 55, "blacklisted" occupations and businesses, and persons with extensive medical histories.

Community rating provides a major source of administrative savings because insurers no longer will need to hire the staff and make other expenditures to examine the risk factors of each applicant. Some insurers now spend up to 40 percent of policy costs on administrative overhead, much of it devoted to finding reasons NOT to insure applicants rather than covering medical treatment.

- **Open enrollment.** The legislation provides that, for a 30-day period in each region of the state, insurers would have to accept all comers who wanted to purchase insurance. Open enrollment ends the rejection of Missourians for insurance because of their preexisting conditions. Other provisions on open enrollment allow persons to keep their full insurance coverage when they change jobs or if they lose a job.

- **Standard benefit packages.** HB 1622 will create a "powerful, smart consumer." The three standard benefit packages will allow Missourians, for the first time, to actually compare price when they make insurance-buying decisions. Policies now almost preclude comparison because of their widely varying benefits, deductibles, and co-payments. This consumer power, in turn, will force insurers, HMOs, and others to compete on price, holding down costs.

These reforms, taken as a whole, should reduce the 600,000 uninsured Missourians by half or more over time.

In recent weeks, the speaker and governor, with their staffs, have worked closely with numerous groups, including large and small businesses, to reach compromises that still provide greater fairness for Missourians in the health insurance system.

Physicians—who see the daily toll of patients who have lost or risk losing coverage, suffering financial and emotional damage—are strong advocates of community rating and the other insurance reforms. Labor, business, other health-care providers, health advocates, and others uniformly have testified in support of the general reforms.

The only opponents? Many large commercial insurers, which have a vested financial interest in the current system, despite its huge costs to society. They have proposed so-called "reforms" that do nothing to cure our basic health-care financing problems, and more than 125 insurance lobbyists are at work in the Capitol.

If Missourians want to make insurance affordable and sensible again, they need to speak out now—calling and writing their elected legislators in support of HB 1622.

"Lobby" today for health security for you and your family.

Health-care reform affects everyone

By JEFFRY L. PETERSON, RN/EMT-P

SENIOR NURSING MAJOR

With the threat of health-care reform looming closely overhead, this seemed the perfect time to address this issue. As the national debate roars on, you, as college students, may have found yourself disinterested in this topic. After all, what could health-care reform possibly have to do with you, right? Wrong—health-care reform will impact everyone significantly, even you.

Health care in the United States today is considered by many as the best in the world. We have become world leaders in medical technology, personnel, facilities, and services. One might then wonder why change anything? This strive for excellence has a price, however. Health-care costs are running rampant. Annual increases are exceeding our society's ability to pay the bill. Much of our health-



Peterson

care service is unavailable or unobtainable for a majority of citizens. Even basic health care has become too costly for many. Thousands have no health insurance at all.

In an effort to control health-care costs, the government has reduced its reimbursements for medical expenses. In response, the medical community has shifted the difference between what it charges and what it collects (or doesn't collect) over to the private insurance sector through higher charges for privately insured citizens. The insurance companies, in response, repeatedly raise their rates to those citizens. You might consider this trickle-down medical economics.

Cost shifting is a major problem and is prevalent throughout the medical community. It is difficult to detect and even harder to stop and is a major reason that medical insurance costs have skyrocketed in the past decade. This practice must be stopped. The privately insured ends up paying for the medical expenses of many. The burden on the insured has become too much to bear.

The insurance companies themselves

also must share some of the blame. They have operated with much impunity within the past decade. They have sought to remove as much risk from their industry as possible. Risk, however, is their business. The insurance industry has made it exceedingly difficult for anyone to obtain a policy at a reasonable cost. Furthermore, if a person is not completely healthy, he can almost forget about obtaining a policy at all (preexisting conditions). Jobs are being lost by the millions. Businesses can no longer afford to pay health-care benefits for their employees and remain competitive.

RNs are in a unique position to offer workable solutions to some of these problems. I believe that our present health-care system as it stands is salvageable with some modifications. First, stricter federal regulation of the insurance industry is needed. Denial of policies on the basis of preexisting conditions would be outlawed. Insurance companies would base the price of their policies on nationwide statistics and not on small demographic groups (nationwide rates).

All policies issued would be completely

portable (the insured would be able to continue their policy even if they changed jobs or moved). Cancellation or excessive overcharging by the insurance company based on the policy holder's use of medical services would be illegal.

Second, some sort of federal regulation is needed to combat the problem of cost shifting. Third, additional emphasis must be placed on preventative care as well as examining new, more economical methods of health-care delivery such as advanced practice nursing. Fourth, we must achieve some sort of control on out-of-control pharmaceutical costs. And lastly, we must require some responsibility by the U.S. citizens. Precious health-care resources must be used responsibly. Everyone must pay their fair share. Mandatory health-care insurance should be considered.

We already have the best health-care system in the world, and there is no reason we must sacrifice this luxury and dismantle our present system. With a few modifications we can obtain a workable system and remain the leaders in the world of health care.

NURSING DEPARTMENT

Education faces many changes in wake of reforms

By EVALINA SHIPPEE, RN, MSN, GNP

ASSISTANT PROFESSOR OF NURSING

Change is the new byword in health care today in America. Several reform plans have been proposed, a few on the state level but more on the national level. While one would need the proverbial crystal ball to know what the final adopted plan will hold for the citizenry, reform discussions have already made fundamental changes in the health-care industry. Most proposed plans address quality care, access for every citizen,



Shippee

security that the coverage will be there, choice of health-care providers, and a plan that reduces the paperwork and red tape found in most government-based programs. Of course the plan must be affordable to both the individual and the funding agency whether it be the federal or state government.

Hospitals are faced with major restructuring of care delivery systems, retraining personnel and greater cost containment. The nursing profession is seeking a method for restructuring that will protect patient safety. Registered nurses are multi-skilled and more versatile, and yet more expensive than less skilled nursing personnel. The RNs of today may need to update their skills in order to move into primary health care, public health and critical care settings.

On the local level the rocketing demand for front-line, primary care will continue to spur the need for nurse-practitioners and other advanced practice nurses to fill the role of advanced generalists. Currently, there are long waiting lists for nurses desiring to enter master's level nurse practitioner programs. The use of telecommunications with long-distance learning sites will become more commonplace as technology becomes more reasonable in cost. This should greatly benefit those areas without graduate level nursing programs.

Nursing education needs to be as dynamic and adaptable to change as the health environment itself. Nursing schools must not only embody a sense of today's health-care issues, but must tie education to a vision of future health care. For nurses at the entry level, baccalaureate preparation already requires a greater orientation to community-based primary care, health promotion, and cost-effective coordinated care for a diversity of populations, including the undeserved. The disabled, the elderly, the rapidly growing minority populous, and poor children will all need our care as never before. The nurse must be prepared to be an advocate for them and for programs that best meet their needs.

More care will be given in the home and in the community, and nursing education will require some refocusing on primary health care, prevention, and early intervention. Skills in case management, discharge planning, supervising health personnel, and financial planning will be

essential. While the need for the talents and skills of nurses to deliver care in hospitals will always be there, more nurses will be needed in outpatient, school, and work-site settings. Primary health-care delivery will need to go to the people needing care, rather than expecting the people to come to a central location for care. This type of care will demand the nurse have greater skills in assessment, in teaching and counseling, and in the ability to make referrals. Managed care experiences should be routinely included in baccalaureate-level nursing education programs. Managed care will eliminate or at least reduce the number of people who show up at the emergency room to get the most expensive care too late because they didn't have a basic primary and preventive health-care package.

The baccalaureate nursing student will need to see the community as a practice site. Communicable disease control, case management and case finding, and community education for the purpose of prevention will be an important area of learning. In the future, school-based clinics and expanded school health programs should prove to be cost-saving plans. Experience in clinics for the homeless should afford a sensitivity to ethnic and cultural diversity so necessary in today's world. The nurse must be a leader in providing care for the most vulnerable in society. The capacity to empower consumers to negotiate the health-care system on their own behalf will be important.

Our curricula must generate nurses

who have a sophisticated knowledge of cost and benefit assessments, political and social action strategies, ethical and legal principals, and data systems and informatics. This same nurse must be willing to care when cure is impossible. In addition to high-tech skills, students will need to know the "arts" of healing. The use of therapeutic touch, the ability to listen to the words not spoken, knowing when just being present is enough, and how to teach clients to use prayer, relaxation, or meditation are a few of the arts of nursing so important to promoting health. The student must be able to balance technological interventions with behavioral and interpersonal care.

The professional nurse will need superb communication skills for interaction with the elderly, their families, and interdisciplinary teams. The student will need the ability to make independent decisions and the judgment to make referrals when warranted.

As faculty, we need to expand the student's knowledge of economics, policy, ethics, and community organization. Knowing the resources and strengths of the community will be critical in accomplishing goals of better health care. Instilling in the student the need for life-long learning to survive in the ever-changing arena of health care is critical. Whether the graduate pursues advanced degrees, fast-track courses, continuing education, or keeps up-to-date with independent study, the ability to address the unknown and unforeseen will mean success.

-FREEMAN-NEOSHO HOSPITAL

Consolidation key to health-care reform

By KEITH ADAMS

ADMINISTRATOR, FREEMAN NEOSHO HOSPITAL

"Good health is a prerequisite to the enjoyment of the 'pursuit of happiness.' Whenever the miracles of modern medicine are beyond the reach of any group of Americans, for whatever reason—economic, geographic, occupational or other—we must find a way to meet their needs and fulfill their hopes. For one true measure of a nation is its success in fulfilling the promise of a better life for each of its members. Let this be the measure of our nation."

—John F. Kennedy, Feb. 27, 1962.

For generations, Americans have been searching for ways to improve our health-care system so that, ultimately, we might improve the lives of those around us. From Medicare in 1965 to the prospective payment system in 1983, attempts have been made to make health care more accessible and more cost effective. Today, the need to reform the health-care delivery system is stronger than ever before; however, many questions remain on what is needed, how

changes should be implemented, and, most importantly, what kind of system can be created today that won't need additional repair in two or three years.

Throughout the nation, and in Missouri, much of the proposed legislation being discussed and debated addresses the ideas of universal access and integrated service networks. Integrated service networks, also known as community care networks or accountable health plans, would restructure the health-care delivery system in a more consolidated and coordinated way so that patients would receive better, more cost-effective care and the nation could begin to slow the rate of growth in health-care spending. Instead of starting from scratch, integrated service networks would use current facilities and resources (such as hospitals, physicians, clinics, long-term-care facilities, etc.) to form these networks and provide services to the local community.

Truly integrated networks, like man-



Adams

aged care systems, would receive a yearly fee for each patient enrolled in the plan. Networks then would be forced to manage the care of the enrolled patients more effectively and efficiently by emphasizing preventive services and health promotion.

Integrated service networks address three primary flaws in our current health-care delivery system: fragmentation, duplication of services and expensive technology, and incentives that do not focus on prevention and reduction of health risks.

In an integrated system, each patient would enter the health-care system at the same place—through a gatekeeper of sorts—to direct him or her to the appropriate services or practitioners. Also, integrated service networks would allow health-care providers to share expensive technology, services, and personnel instead of duplicating them and passing the cost on to consumers. Finally, these networks would stress prevention of illness and overall wellness through routine physicals, screenings, and education.

Across Missouri, hospitals, clinics, and physicians already are forming health-care networks to meet the needs

of the communities they serve. One local example is the recent affiliation between Oak Hill Hospital, Freeman Hospital, and Freeman Neosho Hospital. These three hospitals have taken steps to prepare southwest Missouri for the future of health-care delivery. Through streamlining administrative expenses and slowing down the arms race for new technology, Health SouthWest Alliance of Missouri, Inc. (the new corporate entity for those three hospitals), is preparing to fulfill the health-care needs of the communities it serves so that all may enjoy the "pursuit of happiness."

America's leadership has said that reform is inevitable, and a great deal of time and energy have been expended on finding solutions to reforming our current health-care delivery system. The road to reform is not going to be a smooth one; it will entail long debates and overcoming fear of the unknown. However, the citizens of Joplin, Neosho, and the four-state area should take comfort in knowing that local hospitals are working with other health-care providers to design a system with their community's best interests at heart.

-ST. JOHN'S REGIONAL MEDICAL CENTER

Employee roles will change through reform

By MARGARET ROBINSON, R.N., MSN

VICE PRESIDENT, PATIENT CARE SERVICES ST. JOHN'S REGIONAL MEDICAL CENTER

The national debate continues on the specifics of health-care reform. Currently, there are seven major health-care reform bills that have been introduced to Congress. In addition, many states have initiated their own versions of reform. There is a growing consensus across the nation that health-care reform that fails to bring costs under control will not be acceptable to the American public.



Robinson

Incorporated into numerous plans is a standard benefit package of medically necessary services that provides for a single payment mechanism with purchasing pools or "alliances" to be controlled at the state level. Key for any hospital will be the ability to provide the services outlined in the standard benefit package. It is anticipated these would include primary care services such as obstetrics, pediatrics, and medical-surgical adult services.

Many reform plans emphasize universal access to health care. This would have more impact on physicians and clinics. Currently any hospital that provides emergency care to Medicare patients is required by federal law to guarantee access to emergency services regardless of a patient's ability to pay.

The impact of health-care reform to

Joplin hospitals can be anticipated as one observes other parts of the country where "managed competition" was introduced over the last 10 years. Almost all hospitals have seen a decline in volume in inpatient days. This is due to a more aggressive review program to reduce the amount of time patients are required to stay in the hospital. The result includes fewer patients, but those who are hospitalized are very ill.

The number of employees for an institution may not change, but there will be shifts from clinical staff who provide inpatient care to those who provide outpatient and home care. There will be more of an emphasis on cross-training of employees to perform multiple skills in order to increase productivity, enhance job security, and improve customer service.

Control of supply expenses will also be emphasized through purchasing cooperatives, substitution of generic drugs, and restricted use of expensive medications. Equipment purchases will focus on those that improve productivity, reduce safety risks for patients or employees, or reduce the length of time a patient is hospitalized.

One can agree that the growth in health-care spending must be moderated and the way to achieve that end is to fundamentally restructure our health-care system.

We must provide care in a more integrated and coordinated way so that patients can receive better, more cost-effective care. Reaching reform goals is not going to be easy. Achieving them will be worth the effort.

Comparing plans on containing costs

Here are major features of six leading health reform plans:

	McDermott plan (Rep. Jim McDermott, D-Wash.)	Clinton plan	Chafee plan (Rep. John Chafee, R-R.I.)	Cooper plan (Rep. Jim Cooper, D-Tenn.)	Michel plan (Rep. Bob Michel, R-Ill.)	Nickles plan (Rep. Don Nickles, R-Okla.)
Containing costs	Establishes annual national budget for health care. Sets physician fees, hospital and nursing home budgets and negotiates prescription drug prices.	Promotes competition among health plans. Sets limits on growth of insurance premiums. Sets limits on subsidies. Malpractice reform.	Promotes competition among health plans. Malpractice reform. Restructures Medicaid.	Promotes competition among health plans. Limits tax deductibility of health insurance. Malpractice reform.	Encourages competition. Preempts state-mandated insurance benefits. Malpractice reform.	Administrative savings. Malpractice reform.
Financing	Assesses 7.9% payroll tax on employers. Increases individual income taxes. Imposes long-term care premium on elderly above 120% of poverty level. Increases amount of taxable Social Security benefits.	Raises cigarette tax by 75¢ a pack. Assumes Medicare, Medicaid savings. Eliminates tax breaks for flexible benefits plans. Requires employers to pay 80% of workers' average premiums.	Assumes Medicare, Medicaid savings. Caps tax deductibility of health plans.	Assumes Medicare savings. Repeals Medicaid. Imposes 1% premium tax on health plans.	Phases out Medicare subsidies for elderly with incomes over \$100,000. Increases federal retirement age from 65 to 62.	Replaces tax breaks for employer-provided insurance with tax credits for individuals. Medicare and Medicaid savings.
Federal costs	\$900 billion a year in federal taxes; replacing insurance premiums.	\$300 billion over five years in federal expenses.	\$213 billion over five years in federal expenses.	\$125 billion over five years in federal expenses.	\$117 billion over five years in additional federal expenses.	\$133 billion over five years.

SOURCES: Kaiser Family Foundation, congressional offices

Clinton Plan may lower employee wages

By MARVIN L. LARSON

INSTRUCTOR OF BUS. ADMINISTRATION

If it isn't broken, we probably shouldn't be trying to fix it," I told my friend. His reply was that it was broken and needed fixing in the worst way. It is unpleasant and probably impolite to argue with your elders, so I let it go. I think that much like the argument over the North American Free Trade Agreement, the person on the street is sadly uninformed concerning health-care reform. If we are to make an intelligent decision concerning health care in this nation, we must be much better informed than we were or are about NAFTA. Even though the Clinton program is labeled as Health Care Reform, it really addresses health cost reform.

Perhaps an economic overview of the Health Care Reform Plan, a comparison of the plan with the plans of other countries, and the economic consequences of the plan will provide some valuable insight.

The logical question to ask is, if the free market system is so efficient, why doesn't it work in the case of health care and why are health-care costs rising? And it is somewhat of a paradox. Simple supply and demand analysis would predict that as the number of health-care providers increases, the cost of health care should fall. The health-care industry is just like any other market consisting of buyers and sellers, but as economists see, this industry is a bit different because both the buyer (patient) and seller (doctors and hospitals) are usually able to ignore the costs of the services that are sold and consumed. The patient makes the decision to seek health care and doctors make the decision to provide it, but most Americans do not pay for health care with their own money. The health-care bills are paid for by insurance carriers from premiums paid mostly by employers who are third parties to the transaction—neither seeking nor providing the care.

It might be helpful to understand why we are where we are in regards to health care. David Wessel explains the situation most succinctly. "It is an accident of history that most Americans get insurance through their employers. During WWII, employers and unions turned to health insurance as a way to increase compensation without running afoul of wage and price controls. As inflation pushed typical workers into higher tax brackets and the payroll tax rose, the tax code further favored the fringe benefits: cash wages are taxed, employer-provided health



Larson

insurance isn't." Now, of course, Americans believe that health insurance is a right.

Let's remind ourselves of the basic components of the Clinton Health Care Plan, compare the plan with other national health-care systems from other countries, and then examine the economic impact of the Clinton Plan. (Source: *The Wall Street Journal*, Oct. 28, 1993, p. A8)

COVERAGE: Universal coverage by the end of 1997. Achieved by requiring all employers to contribute to their workers' health insurance, and giving financial assistance to unemployed and people with incomes below 150 percent of the federal poverty line. Gives subsidies to small, low-wage businesses.

FINANCING: Employers must pay 80 percent of regional average health insurance premium for each full-time worker. Raises taxes on cigarettes to 99 cents per pack...payroll assessment of 1 percent on big corporations (5,000 or more employees) that opt out of regional insurance pools. Caps Medicare and Medicaid spending.

BENEFITS: Government sets standard benefits package guaranteed to all Americans. Covers most medically needed services, including mental health treatment, prescription drugs, and many preventive services. A separate program would cover home care and community-based care.

COST CONTROL: Caps allowable annual increase in private health insurance premiums. Establishes regional insurance buying pools—health alliances—of businesses and individuals to bargain with health plans. Employers with fewer than 5,000 workers must join Medicare and Medicaid spending caps.

Since American medicine has allowed patients and providers to ignore costs, managed competition is an attempt to change all of that. The Clinton Plan would put millions of American consumers into regional purchaser cartels that would do their bargaining for them. A standard benefit package would be established at a government-mandated price. A reorganization would occur where doctors and hospitals and insurers, in a provider network, would be forced to compete for patients based upon price and value. Insurance companies would no longer have the ability to pass along rising health-care costs in the form of higher insurance premiums.

Patrice R. Wolfe and Donald W. Moran have observed that "the large number of uninsured persons and increasing health-care expenditures in the U.S. have led many policy makers and consumers alike to examine the health-care financing and delivery systems of other countries that provide health care to virtually all citizens and

appear to spend less money doing so." Their data indicate that countries like Canada and Germany spend a far smaller percent of their GDP on health care than does the U.S.

According to Wolfe and Moran, "U.S. per capita health-care expenditures, both in absolute dollars and as a percent of GDP, are far higher than all other comparison Organization for Economic Cooperation and Development (OECD) Countries. How is it that these countries are able to provide health care to virtually all their citizens at substantially lower cost?"

"One answer to this question lies in mechanisms used to pay health-care providers. All but two (Japan and the United States) of the 10 countries considered use global budgets (which is a fancy term for expenditure caps) to constrain the growth in hospital and physician expenditures....Although hospitals are the most popular targets for such caps, physicians and pharmaceutical firms may also be subject to them."

Most of the countries examined by Wolfe and Moran "pay some or all of their providers directly with government funds. In some cases, such as the United Kingdom and Canada, virtually all covered health-care services are paid by the government. In other countries, government-provider ties are more fragmented. For example, in France, only government-owned public hospitals are subject to global budgets which are negotiated by the government and the hospital. Furthermore, public hospitals are not allowed to accept payment from privately insured patients."

In general, few countries have experiences with large scale (national) public financing for health-care services. Even the United Kingdom is experiencing a shift in financing sources; a growing percentage of Britons are purchasing supplemental private health insurance to cover certain types of inpatient care and expensive outpatient diagnostic services."

There are costs other than the dollars expended to treat patients or operate the government bureaucracies. If we are to constrain spending on health care, ultimately it must cost somebody something. There is no free lunch. Those somebodies could be doctors, nurses, hospital administrators, or patients. The list includes all of us! Under the Clinton Plan almost certainly some doctors will lose income and many will see their professional lives changed in some very dramatic ways. His plan would limit the number of persons who may enter the usually lucrative specialties, although the general practitioner and internists may see an increase in their incomes. Many hospitals may be forced to close under the administration's proposal. That

certainly will affect the nursing profession and those of us who may need something other than outpatient care. If President Clinton is successful in setting limits on health-care spending nationwide there must be a reduction in the levels of care as well as the style of care that most Americans have come to expect.

One related industry may become extinct. That is wellness programs. The wellness programs that have been adopted by many firms, including our own College, typically result in savings not only in the area of insurance premiums, but in time lost because the employees are healthier and more productive. If a firm must pay the same premium regardless of the health of their employees, there isn't a great deal of incentive to fund wellness programs.

The Plan provides for basic coverage for the unemployed. There may be many who currently remain employed solely for the benefits of employer-provided health-care benefits. They do not like their jobs, maybe the pay is poor, the conditions intolerable, or dangerous, but they stick with the job because without it they are uninsured. The Clinton Plan provides an incentive to become unemployed!

Martin Feldstein noted that "while the president can try to avoid the big T word, everyone knows that a government requirement to pay money to the government is a tax. And even though employers would be the ones required to write the biggest checks, economists of all political views agree that such employment-based taxes are ultimately paid by the employees in the form of lower real wages. Specifically the Clinton Plan would require each employee to pay a premium to the state health alliance that the government would establish. Premiums would vary with larger premiums for married employees than for single individuals. Mr. Clinton would also require firms to pay premiums that are four times what their employees pay (subject to a limit that would keep the total premiums of any firm under 7.9 percent of its total payroll). The true cost—lower real wages."

Now, briefly, what of health cost reform and inflation? True, health-care costs have risen faster than inflation, but the good news is that the industry has reversed the rise on its own. Health-care costs rise because of technology that allows our population to live longer. The aged typically consume more health-care resources than the young. More old folks—more costs. Technology and aging cause rising costs and rising prices. If the Clinton Plan for financing health care is unsuccessful, even greater government borrowing will be necessary to finance the Clinton Plan.

MISSOURI SENATE

House Bill 1622 expands health-care delivery system

By MARVIN A. SINGLETON, M.D.

STATE SEN. (R-SENECA)

Four weeks ago a bill was introduced in the Missouri legislature that if enacted would radically change the practice of medicine as well as the health-care delivery for every Missourian. The bill, known as House Bill 1622, calls for a gigantic increase in the power and size of state government, expands the health-care delivery system with the idea of covering over 600,000 uninsured citizens, and funds the programs through a combination of methods.



Singleton

In order to expand the services to our uninsured citizen, we are attempting to reinvent the entire health-care system that presently provides world-class medical care to 5.1 million residents. The state's initiative appears to work hand and glove with the health-care initiative of President Clinton, which, when introduced, was more than 1,300 pages.

Some basic questions that must be asked first before we can proceed to a *cure* are: "Do the citizens of Missouri lack access to health care? What has been done in the past several years to enhance the present health-care system? A sweeping change was enacted last year called the Missouri Small Group Reform Law, which mandates guaranteed issue health insurance

and will completely go into effect with Phase III on July 1 of this year. It guarantees issuance of a basic and standard insurance product which will undoubtedly reduce the number of the estimated 600,000 uninsured Missourians, as well as addressing preexisting conditions. This is without an increase in bureaucracy or overwhelming costs.

Additionally, reform of the administrative costs of doing business, such as eliminating duplicate forms, will hold the costs down as well as making individuals responsible through a bill I passed two years ago requiring publication of a Buyer's Guide for Health Care Costs. This allows the individual to seek the best and least costly places to have surgery, and a health-care situation that empowers the common person to fight back against the huge health-care bureaucracy.

In spite of many of the improvements that we have made, additional improvements are mutually agreed by all. I support application for federal waivers for Medicaid that would allow our state to have an open enrollment for all Missourians. We need the creation of a statewide-managed system for use by all Medicaid beneficiaries; a fee-for-service should not be an option in the Medicaid program. Tuition assistance for qualified students for the practice of primary-care medicine in designated under-served areas of the state should be implemented as well. Expansion and improvement of access and availability of public health services with

an emphasis on wellness and preventive health care should be stressed.

A portable health insurance must be available to allow every citizen to take his health insurance from situation to situation with the ownership given to the individual and not to a company. The responsibility would be given to that individual, and the cost could be shared by both employer and individual. Employers would be required to accept new employees' insurance certificate of coverage, and coverage should not be able to be canceled for any other reason than nonpayment of premium or the choice of the individual. Liberalization of preexisting conditions' exclusions and crediting of previous coverage should be accomplished, and lastly, policy standardization-type benefits as well as a standard application form and process would be most cost effective and helpful to all concerned.

The above principles should be found in any health-care reform package. What is a concern is the socialized concept of medical care delivery and financing that would be forced upon Missouri residents. I'm concerned that a 3 percent gross revenue tax would be imposed additionally on health-care providers in this state. I'm opposed to a very narrow community rating that does not allow for modification and would be blatantly anti-consumer or anti-patient. A system that charges too much for young, healthy people and too little for older, less-healthy people would be counterproductive. Any payment for the system should not

come from the existing policies of responsible citizens nor from the Medicare program, as many of the federal programs have suggested. Creation of mandatory exclusive insurance-purchasing cooperatives should be opposed, and employer mandates would be counterproductive as well. Any system and improvement must limit the bureaucracy, and this is some of the failings with House Bill 1622 that creates multiple new agencies, commissions, layers of government employees, costs of which is uncertain, the funding of which is inadequate, and an entitlement program which would be astronomical.

In conclusion, health-care reform may be a bitter pill to swallow if care and prudence is not used. Problems exist within the health-care system. Certainly an acute crisis is not present. Thoughtful and deliberate attempts to improve the disadvantages of the system must be made ideally through various pilot programs in an effort to see what works and what doesn't work. All aspects of society must be brought into this discussion to have a successful program. The legislature by itself will be unable to solve the problem.

The driving principle of medicine must be followed: "Do no harm to the patient by treating the disease." Input from citizens must be solicited, and I welcome any input from constituents in the 32nd Senatorial District. Please contact me at my office or in Jefferson City: (314) 751-2306, or at the State Capitol Building, Room 225, Jefferson City, MO, 65101.

MISSOURI HOUSE OF REPRESENTATIVES

Health-care reform has four broad goals

By THOMAS M. MACDONNELL, M.D.

STATE REP. (D-MARSHFIELD)

The flame of public service burns within the lives of all elected officials, and as both a representative and a physician, I believe that the flame of public service must be used this year as an antidote for our injured health care system. Gov. Carnahan, the Senate, and the House of Representatives are working together to pass legislation with the goal of assuring all state residents affordable, high-quality health care.



Macdonnell

Four broad goals need to be accomplished. First, escalating health-care costs must be controlled while administrative costs are simplified. Next, universal access to health care must be ensured to all Missourians. We also seek to ensure equitable distribution of resources while emphasizing primary and preventative care. Lastly, resources must be tapped in order to provide funding for the program.

To contain Medicaid costs, Gov. Carnahan has sought a waiver from the federal government so that Missouri will be allowed more latitude and flexibility in health care to meet our needs; we would then be able to manage our Medicaid program for better delivery of health care with increased eligibility for those in need. If the waiver is granted, Missouri will be able to:

- control rising health-care costs by reducing administrative costs;
- expand managed-care programs by increased flexibility in reimbursement design;
- simplify the eligibility process from 52 separate categories to 1;
- allow low-income people to purchase coverage on a sliding fee scale;
- create new opportunities for financing health care by having greater control over how the state "pools" funds;
- and allow payment for health-care coverage for income eligibility standards in excess of current levels.

Gov. Carnahan's health-care plan is the topic of concern for members of the House critical issues committee which will be discussing changes that they

and my health care task force believe should be made. I have been working with providers and consumers from across the state to address the need for essential changes in House Bill 1622. We recently held a two-and-a-half-hour telephone conference with 14 physicians including the director of health, Dr. Kivlahan, and the executive director of the Missouri Academy for Family Physicians, Jean Larson. We received information and suggestions from the "front line" to aid in drafting amendments to the health-care plan.

A segment of the plan calls for all doctors, hospitals, health insurers, and others to join alliances called Integrated Service Networks which would charge a fixed price for insuring each person. Integrated Service Networks, a major component of House Bill 1622, "Carnahan and Speaker Griffin's bill," is viewed with conflict within the committee. One member seeks to have ISNs removed completely from the plan while many members believe ISNs will appear in the final draft of the bill.

House Bill 522, relating to the immunization of children and the establish-

ment of advisory committees with transfers and tracing information of childhood immunization records, was enacted into law last session. Although law, it lacks proper funding for enactment. We are currently in the process of demonstrating to the governor's office the need for the bill's enactment in order to provide Missourians with better health care.

House Bill 1688, which I introduced, creates the Division of Alcohol and Tobacco and is designed to further prohibit tobacco sales to children. Although on a different plane from the other health-care legislation, House Bill 1688 will aid in Missourians' health by tightening regulations regarding tobacco sales.

The second regular session of the 87th General Assembly is bursting with reform legislation, and I strongly believe that the health-care system will see dramatic improvements once the final version of the health-care plan is drafted and that the general well-being of Missourians will improve with the proper enactment of health-care legislation.